4259

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04252

a. COUNTY Fr	ederick		MARYLA	- 11		aryla		b. COUNTY		deri		ian)
b. CITY OR TOW RURAL and give	(N (If autside corporate limits, re nearest town) Heights		LENGTH OF STAY IN	116	1			ral RD#5		give nec	rest town	1)
d. NAME OF HO OR INSTITUTION VINCODON	SPITAL (If not in hospital, given a Convalescen	t & Re	est Home		d. STREET AD		rederi	ck	F			FARM?
3. NAME OF DECEASED (Type or print)	STONEW	ALL	JACKSON		BEALL		4. DATE OF DEATH	Man	h pril	3	,	Year 1961
s. sex Male	6. COLOR OR RACE	MARRIED			22 June	1874		AGE (In years last birthday) OO yrs.	Months	Days	Haurs Haurs	Min.
100. USUAL OCCUP. during most of Retired F	ATION (Give kind of work downking life, even if retired)		nd of Business or	INDUSTRY		,	or foreign cou n, Mar			izen of SA	WHATC	OUNTRY?
13. FATHER'S NAME William	C. Beall			1	4. MOTHER'S A	_	_					
15. WAS DECEASED [Yes, no, or unknown]	EVER IN U. S. ARMED FORCE (If yes, give war or dates of serv	rice _	None	Mrs.	Katie	Mae	Beal1	(Same a		em#	2)	
Canditions, i gave rise to cause (a), state	if any, which (b)_ o immediate and DUE TO	arte	erios cleret	tic,	Heart	De	seare	2		ONS	ERVAL BE	DEATH
20a. ACCIDENT OR CONTRIBUT	OTHER SIGNIFICANT COND	renc,	attributing to DEATH	roter	RIL	45	ampi	tation	PAIN PAI	RT 1(a) 3	9. WAS PERFO	RMEDZ
20c. TIME OF IN Hour o. p.		20d. INJU While at work	Not while	De. PLACE factory	OF INJURY (H , street, office	ame, form, bldg., etc.	, 20f. (City (or tawn)	(County)		(State)
saw the dec 22a. SIGNATUR 22c. PHYSICIAN	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 6.7 1960, and that d 22a. SIGNATURE Cultural C. Reynolds, M. D. 22c. Physician's NAME (Type) Richard C. Reynolds, M. D.				ATTENDING PHYS. 22d. ADDRES	#: 35 M M	D. RECTOR	be couses on STAFF PHYS. □ Freder:	id on the	e date	stoted	we) lost d obove, b.DATE SIGNED
230. BURIAL, CREMA REMOVAL (Specific	ATION, 23b. DATE THEREOF	2	3c. NAME OF CEMETE Mount Oliv		REMATORY		23d. LOCATI	ON (City, town,	or county)		(Stol	0)
24. FUNERAL DIRECT	tor's signature & Son	, Free	derick, Ma	rylar		250. REC'E	BY REGISTR		STRAR'S SI			

VR A15 (4) 15M 9/59

District in the Line and State of designed, whether the process of the country of the

TO HOSFITAL OR A NUMBER OF A NUMBER OF PASSICIAN: The law requires that the death certificate be executed within 24 haurs after with. Page 4 may be retained the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Baard of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	Ze*	260		CERTIF	ICATE	OF DEATE	1			(1)	49!	53
)	PLACE OF DEATH D. COUNTY Fre							lived. If instituti b. COUNTY		nce befo		sion)
	RURAL and give ne	foutside carporate limitorest town) derick	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpor erick	rote limits, write R	URAL ond	give ne	prest town	n}
	or institution 528 Mary	AL (If not in hospital, g Street	ive street	address}		d. STREET ADDRESS	Street	1			ON A	SIDENCE A FARM? NO TO
	NAME OF DECEASED (Type or print)	HARRY		Middle HUBE		BOWERS	4. DATE OF DEATH	Mon Apr		De 1	l _e	Year 1961.
	Male	6. COLOR OR RACE White	WIDOW		De De	ecember 16.	1896	9. AGE (In years last birthday) 64 yrs.	Manths	Days	Hours	ER 24 HRS Min.
	Salesma:	ing life, even if retired		kind of susiness of ad Machine:	ry	Maryla	nd	iuntry)		USA	WHAT	COUNTRY
		W. Bowers	CES2 14	SOCIAL SECURITY NO		Anna F		bbA	ratt			
	No No	If yes, give wer or dates of s	ervice) 2	14-10-5686 ne for (o), (b), and (c).	Mrs	. Ethel B.	Bowers		ry S	t.F	red.	, Md
TON	gave rise to it cause (a), stating lying couse last. PART II. OTH	the under- DUE TO	DITIONS	CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TERA	MINAL DISEASE	CONDITION GIV	VEN IN PA	RT 1(a)	9. WAS PERFO	AUTOPSY DRMED?
CERTIFICATION	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (Enter nature of injury in	Port I or Port	Il of item 18.)			YES [NO
MEDICAL	20c. TIME OF INSUR Hour a. m. p. m.	Y Manth, Day, Yes	20d. I While of wor	NJURY OCCURRED Not while k of work	20e. PLACE foctor	OF INJURY (Home, for y, street, office bldg., e	rm, 20f. (City	or lawn)		(County)		(State
	saw the deceas	7	altend /16	ded the deceased	1	th accurred al:	958, to 0 304Mrom	//- /			stated	
	22c. PHYSICIAN'S	lenny /	((have	M.C	ATTENDING PHYS.	MED. DIRECTOR	STAFF A	pril	17,	196	SIGNEL
	NAME (Type)		ase			4 East C		treet, F			•	
	g. BURIAL, CREMATIO REMOVAL (Specify) Burial FUNERAL DIRECTOR'			23c, NAME OF CEM MOUNT OT:		emetery	Fred	erick RAR 25b, REGI	1	Mary.		te)
24.		:	on,	Frederick,	Maryl		C'D BY REGIST		thun 8.	2 4		

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Λ.	MAKTLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, B	ALTIMORE 1, MARYLAND
4961	CERTIFICATE OF DEATH	0/195/

1136114
2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) 2. STATE Maryland b. COUNTY Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont runll
d. STREET ADDRESS RD 1 o. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
ers death April 23 1961
8. DATE OF BIRTH March 1, 1898 9. AGE (In yeers FUNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
Maryland U.S.A.
14. MOTHER'S MAIDEN NAME Flora Michael
elen A. Bowers Thurmont, Md. RD 1
herteusien Interval between onset and death Insett 3 years
OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO
D. (Enter neture of injury in Pert I or Pert II of item 18.)
ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) ctory, street, office bldg., etc.)
death occured at A.M. from the causes and on the date stated above
ATTENDING MED. STAFF DIRECTOR PHYS. DATE 22b. DATE SIGNED PHYS. 22d. ADDRESS Thurmont, Maryland
Cem etery 23d. Location (City, fown or county) (Stete) Thurmont, Maryland
25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

- ASB -Sein brei desives -fr. Straffact. finis the state - 155 ES Forme Shares T ese mil wenelt miniel ra Bour I would be stone of our Braden operators Tred. In. Santiana Tellote August A TI . By Stereouth around A deline Gallery La appearant your hard AT A ST "minute to protocom v 2563.76 Copyet 23 61 Simp - glass Copyet 23 61 -Same 1. Our comment, Harrison and each constant trees to sail rolls. To-AS-I folding Markey there was a state of the state of the

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	4262		CERTIFICA	AIL	OF DEA	AIM					142	55
1. PLACE OF DEAT				2.	USUAL RES	IDENCE (W	here dace			Rasidan	ca befora a	dmission
	Frederi	Lek	MARYLA	ND	a. STATE	aryla	nd	b. COU	Fr Fr	ede	rick	
write RURAL ar	(if outside corporate limits ad give nearest town)	5,	c. LENGTH OF STAY I	N 16	c, CITY OR TO		de corpora	ta limits, writ	a RURAL a	nd giva	nearast tow	cn)
d. NAME OF HOSE	TILL OR INSTITUTION (IF	not in hospit	al, give street address)	- 1	d. STREET AD	DRESS					La. IS RI	ESIDENCE
	ain Road						tain	Read	l			A FARM?
NAME OF DECEASED (Type or print)	Charles	т	Middle Daniel	R	rown	0	PATE OF DEATH	Monti	h	Dey 15	Year	67
5. SEX	17 50101 01 01				ATE OF BIRTH			AGE (In years	HF UNDER		IF UNDER	24 HRS
Male	Col.	WIDOWED	NEVER MARRIED DIVORCED		?			birthday)	Months	Days	Hours	Min.
done during most of y	TION (Give kind of work vorking life, even if refired CNAULT CT	1)	of Business or INI			County & S	tata, or for	eign country)			F WHAT C	OUNTRY
13. FATHER'S NAME	· Oztada 1 ol	T. BCN	LILY BOLV.		MOTHER'S M			_	1	I.S.	A.	
	Rebert	Brown	1		. mortim on	PARTITION TACABLE	_	Brook	S			
S. WAS DECEASED E	VER IN U.S. ARMED FORG	CES? 16. SC	CIAL SECURITY NO.	17. INF	ORMANT			Address	5			
N O	(II yes giva war or datas bise	rvice)		Mr.	Robert	E.Br	own,	Knoxv	ille	. Md		
18. CAUSE OF	DEATH [Entar only one	ceuse per lina	for (a), (b), and (c).]		-					INI	ERVAL BET	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pullm	onary Ede	ema							12 h	rs.
420	DUE TO		02302 3 220									
Conditions, if ar	y, which) (6)	Decom	pensated	Con	gestiv	e Hea	rt. F	ailur	•		2 V	rs.
gava risa to imma	diata causa		1200		6			× == = ===				
(a), stating that cause last.	Underlying											
PART II. OTH	ER SIGNIFICANT CONDIT	IONS CONTR	RIBUTING TO DEATH BE	UT NOT RI	ELATED TO THE	TERMINAL DI	SEASE CO	NDITION GIV	EN IN PAI	RT 1(a) 1		UTOPSY DRMED?
Ŕ												NO T
PART II. OTH	WAS UNDERLYING CONTRACTOR	20b. DESCR	BE HOW INJURY OC	CURED. (Er	nter natura of in	ury in Part I c	or Part II of	item 18.)		-		
	Y MEDICAL EXAMINER											
20c. TIME OF IN					OF INJURY (Hon street, office bld		H. (City or	r town)	{Co	unty)		(Stata)
Hour a.m.		Whila at work	Not Whila at work	saciory,	silver, office ord	ig., aic.j						
21. I certify	that (I) (this hospita	al) attende	d the deceased for	romOC.	t. 6.	19.6	GA: O	ril 1	5 19	61	hat (I) (we) las
saw the deces	that (I) (this hospitalesed alive on Apr	11 15	1961 and	that de	ath occured	at 9:2) from	he causes	and on	the da	ate state	d above
22a, SIGNATURE	AL.		-0	M.D.	ATTENDING_	MED.		STAFF PHYS.			122b	SIGNE
22c. PHYSICIAN' NAME (Typ		Kao.	M.D.		22d. ADDRES	uu		1 -1	Holl Md.	ow '	1	0/
3a. BURIAL, CREMA	TION, 236. DATE THER		23c. NAME OF CEME	TERY OR	CREMATORY		The state of the s	ION (City, to		nty)	(5	tale)
REMOVAL Specific Burial	1 4-18-1		Saint	Man	Va		Pet	ersvi	110,	Mar	ylan	d
24 FUNERAL DIRECTO	R'S SIGNATURE	,	ADDRESS		25	a. REC'D BY						
12. hu 7	silly Bru	RISMIC	k, Marylan	ad	DA	ATE APR 1	8 '61	a	rthun 1	P. Kra	u.A	

RESUL Tilly Ken the Tilly Ken 500000 T.C. in the second F. * That is the second of the seco . Had DL anema ya wonifut Description of the Language of the Language of the contract of terdi 15, 61 6au 6, 9,99 mmil 15, 61 Wallfoll united and Brunskiele. M. C.F. Syrger Eng. M.D. Don't be a filtrate of the same party of the feet of The state of the second second

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POR S	TATE
Page Files. Heolth,	M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4263 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

ERTIFICATE OF DEATH Reg. Dist. No. () 4256

	5 2 2					100
PLACE OF DEATH	ederick	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived. If institu Vland b. COUNT	ution: Residence be ry Frede	
Frederi	autide corporate limits, write RU	c. LENGTH OF STAY IN 16	Frederic	f outside corporate limits, write ck R.F.D.5	RURAL and give	nearest fown)
	Memorial	of in hospital, give street address) Hospital	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Richar	d Elmer	Brown	4. DATE OF April	17 Doy	19 6I
5. SEX Male	White w	DIVONCED [ovember 20	, 1921 9. AGE (In years least) yes.	Months Days	Hours Min.
during most of working Mechanic	ON (Give kind of work don g life, even if relired)	106. KIND OF BUSINESS OR INDUS	Frederic	or foreign country) ck County	U.S.	A.
13. FATHER'S NAME Elmer	Brown		Anna Cr			
15. WAS DECEASED EVI	ER IN U. S. ARMED FORCE (If yez, give war ar dales of cervi			Brown, Frede		F.D.5
Conditions. If as gove rise to immed (a), stating the course last.	tiote couse	Coronary Thro				imut'es
CATIO		IONS CONTRIBUTING TO DEATH BUT			VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES A NO
PRIMARY OF CON CAUSE OF DEATH.	ISE WAS NTRIBUTING []	DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in Por	rt for Port It of item 18.)		
20c. TIME OF INJUI Hour e. m. p. m.	RY Month, Day, Year	20d. INJURY OCCURRED 20e. PL/ While Not while of work at work	ACE OF INJURY (Home, forr- tory, street, office bldg., etc.	n, 20f. (City or town)	(County)	(State)
	resulted fram: Na	f the remains described about the causes Accident	, Suicide ,	Hamicide, Undete		
SIGNATUREEXAMINER'S NAME (Type)	B.O. Thoma	s,M.D.	M.D. CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL	_	17.196	3I
REMOVAL (Specify)	4/19/19		crematory Cemetery	Frederick	or county)	(State)
23. FUNERAL DIRECTOR		Middletown, Md		DD 0 0 101	Alha & Ha	

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is nece execute the certific to writing the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funeral direction 4 should be farm form PMS. Page 5 may be retained for a hould be farm to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boord or its designated agent, prior to burial, cremation, ar remakal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIFICATE OF DEATH

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Christing & Thomas

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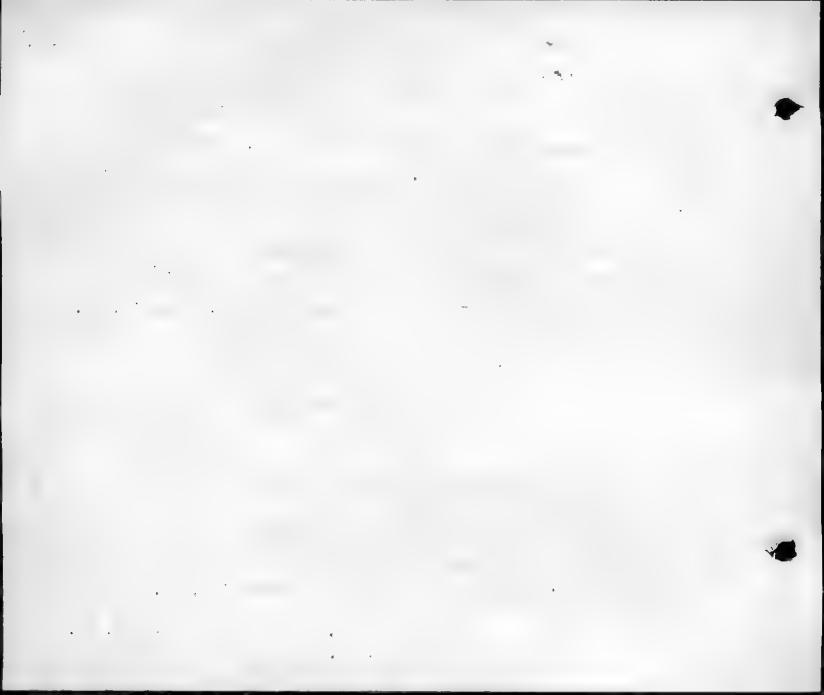
TO HOSPITAL OR NUTING FINYSICIAL: The law equires that the death centricole be executed within 2 hours after. Ith. Page 4 may be retained the haspital an attending physician.

TO FUNERAL DIRE A. After this certificate has been signed by the attending physician and completely filled in by the second discreter, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.

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VR A1S (4) 15M 9/59

	260 4	CERTIFICAT	E OF BEATH	(7-201				
	1 PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased fived If					
	· COUNTY FREDERICK	MARYLAND	O. STATE MARYLAND 6 CO	Montgomery /				
	b CITY OR TOWN (If autside corporate limits, wi RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give nearest town)				
	FREDERICK		Browningsville	10 1.				
7	d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION		d STREET ADDRESS	e IS RESIDENCE ON A FARM?				
d d	FREDERICK M	EMORIAL HOSPITAL	RFD # 1, Monro	VIA YES TO D				
	3. NAME OF Pirst DECEASED	Middle	Losi 4. DATE	Manth Day Year				
	(Type or print) KOBER		BROWN DEATH APP	1961				
			DATE OF BIRTH 9 AGE (In lost birth	years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.				
	THE WILL W	DOWED DIVORCED	MAY 12, 1900 60	yrs.				
	18a JSUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)		RY 11 SIRPHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?				
	HOUSEWIFE	Own home	MARY LAND	U.S.A.				
	13 FATHER'S NAME		14 MOTHER'S MAIDEN NAME	0				
)	ISKADLEY W	ATKINS	REBECCA	BURDETTE				
	15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		ORMANT	Address				
	No		<u>allace Burdette, Mo</u>	onrovia, Md.				
	1B. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY:	per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH				
	IMMEDIATE CAUSE (a)	tcute mycardil	al INFARCTION					
	4 1 0 , O DUE TO	* * * * * * * * * * * * * * * * * * * *	0					
	Conditions, if ony, which (b) CORONARY THROMBOSIS							
	cause (o), storing the under DUE TO							
	lying couse lost) (c)		OT RELATED TO THE TERMINAL DISEASE CONDITI	ON GIVEN IN PAPT 1/51 19 WAS A ITOPSY				
				PERFORMED? YES NO				
	E OR ACCIDENTALISM IN INCOME IN THE LOCK	DESCRIBE HOW INJURY OCCUPRED	(Enter nature of injury in Part L or Part II of item					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	The state of the s	(2.1.2. notes a miles) with the contract of th					
			CE OF INJURY (Home, farm, 20f (City or town)	(County) (State)				
	Hour a.m.	While Not while facto	ory, street, affice bldg., etc.)	•				
	21 I certify that (I) (this haspital) at		4-5 1961 10 4-7	19.61 that (I) (we) last				
	saw the deceased alive an.		ath accurred a Salam, from the cave	7 17 17 17 17 17 17 17 17 17 17 17 17 17				
	22a. SIGNATURE	The state of the s	anti decorred disease in, train me edo	22b.DATE				
	$(A.A.\nabla b)$	CARRE M	D. PHYS DIRECTOR PHYS.	□ 4/7/61 GNED				
	22c. PHYSICIAN'S NAME (Type) A A PARI		22d. ADDRESS					
	NAME (Type) A. A. Pear	rre	Frederick,	Md.				
Cole,	230 BURIAL, CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City.	town, or caunty) (State)				
	REMOVAL (Specify) 4/9/61	Bethesda M	eth_ Brownir	gsville. Md.				
4	24. FUNERAY DIRECTOP S/SIGNATURE	th Damascus,	25g, REC'D BY REGISTRAR 25	b. REGISTRAR'S SIGNATURE				
	count. Mousin	Damascus,	Md . DATE APR 11 '61	Christina & Starina				



1 30	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	4265 CERTIFICATE OF DEATH Reg. Dist. No. 114.250
the funeral director, should be filed with	1. PLACE OF DEATH a. COUNTY Froderick MARYLAND 2. USUAL RESIDENCE (Where deceased fived. If institution. Residence before admission) b. COUNTY D. STATE D. COUNTY D. COUNT
d be f	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Monvousd Monvousd
24	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION M. d. Route 80 d. STREET ADDRESS M. Kaste 80 M. Kaste 80 NO []
Hed in b	3. NAME OF DECEASED (Type or print) A MCS COLE BUYKE DEATH April 4 196/
letely filled s. Pages 1	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours Min WIDOWED DIVORCED SELFA 27.1886
and comple	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Farm Mayland 12. CITIZEN OF WHAT COUNTRY? May land
physician and emave carban haurs after d	13. FATHER'S NAME William Hazel Burke Eveling M. Wood
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no or tunknown) (If yes, give wor or dates of vervice) 213-12-7631 Mrs. Laura Burke Monro. A Md.
n. signed by the attending signed by then please in d in any event within 72	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (a), storing the under-
pnysiciar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ficate the burner	
r use as r use as ematian	20c. TIME OF INJURY Month, Day, Year Hour a m. p. m. 19 20d INJURY OCCURRED While Not while at work
ached for burial, cr	21. I certify that I attended the deceased from September 1958, to April 196/, that I last saw the deceased alive an April 1, 196/, and that death accurred at A. M. from the causes and on the date stated above.
REC.	ACTUAL SIGNATURE LATE CLARACE M.D. 400 So 172am, St.
	PHYSICIAN'S NAME (Type) W.B. Culwell Mt. Airy, Maryland
e e e e	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Gity, town, for county) Burial April 6,1961 Providence Meth. Kemptown Md
115 (4) 9/5B	23. FUMBRA DIRECTORS SIGNATURE DAMAS CUE, Md. 240. REC'D BY REGISTRAR'S SIGNATURE DATE APR 7 '61 Onther & Kraus



pue

physician

altending

ARYLAND STATE DEPARTMENT OF HEALTH



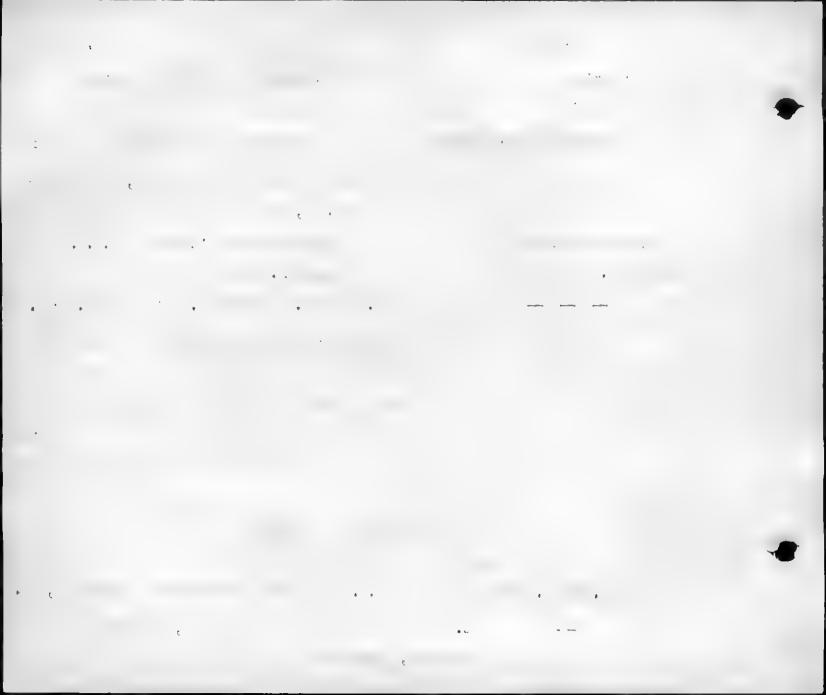
04960

PARCE OF DEATH COUNTY Frederick C. LENGTH OF STAY IN ID	L		4257	CERTIFIC	AIE OF DEA	AIFI		112200
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13. WAS DECEASEDEYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 15. WAS DECEASEDEYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address NO NO NO Mrs. Maude M. Davis 327 S. Jefferson St. Fred. 16. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 27 S. Jefferson St. Fred. 18. CAUSE OF DEATH [Enter only one couse per ling, for (o), (b). and (c)] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) IMMEDIATE CAUSE (c) Info give rise to immediate couse (c), toting the under: 19. Cardial Death But NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN MART to 19. WAS AUTOPSY PERFORMEDY PERFO	100	 USUAL OCCUPATION during most of work 	ON (Give kind of work done king life, even if retired)	e 10b. KIND OF BUSINESS OR INI	DUSTRY IT BIRTHPLACE	(State or foreign countr	y) 12, CIT	IZEN OF WHAT COUNTRY?
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15. WAS DECEASED EVER IN U. S. ARMED FORCES; 16. SOCIAL SECURITY NO 17. INFORMANT Address None (If you give word doth of revise) 16. SOCIAL SECURITY NO 17. INFORMANT None (If you give word doth of revise) 16. SOCIAL SECURITY NO None Mrs. Maude M. Davis 327 S. Jefferson St. Fred. 18. CAUSE OF DEATH (Enter only one couse per line, for (o), (b), and (c)) PART I DEATH WAS CAUSED BY ONE THAT AND DEATH ONSET AND D	13.		Dorde					
18. CAUSE OF DEATH Enter only one couse per line, for (o), (b), and (c)	15.			16. SOCIAL SECURITY NO 117		s.F. sr	Address	
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gove rise to immediate couse (o), storing the under: lying couse lost. PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBED 19. WAS AUTOPSY PERFORMED? YES NO DECEMBED 19. WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. ACCIDENT WAS UNDERLYING AUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, low or month of the course of		Conditions, if o	ny, which }	Bureralis 2	datha	Dr. In and		Years
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20a. ACCIDENT WAS UNDERLYING			ine under-	, Cerebral vas	when accu	dent with	6 Remyslea	240
OR CONTRIBUTING CAUSE OF DEATH CIFETHER, NOTIFY MEDICAL EXAMINER	CATION	PART II. OTH	HER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DEATH E	BUT NOT RELATED TO TH	eterminal disease co	ONDITION GIVEN IN BAR	PERFORMED?
21.1 certify that (I) (this hospital) attended the deceased from 1957, to 4-3-, 1961, that (I) (we) lost saw the deceased alive on 1961, and that death accurred at 3 M, from the causes and on the date stated above. 220 SIGNATURE 220 SIGNATURE M.D. ATTENDING AED DIRECTOR STAFF PHYS. 4-4-61 221. PHYSICIAN'S NAME (Type) Dr. Rex R. Martin M.D. 220 North Market Street Frederick, Md 230. BURIAL, CREMATION, 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
saw the deceased alive on	MEDICAL	Hour o m.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	While Not while	PLACE OF INJURY (Hon foctory, street, office ble	ne, farm, 20f. (City or i dg., etc.)	lown) (I	County) (State)
22c. PHYSICIAN'S NAME (Type) The Rex R. Martin M.D. ATTENDING DIRECTOR STAFF PHYS. 4446 22d. ADDRESS NAME (Type) 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)			and in					
22c. PHYSICAN'S NAME (Type) Dr. Rex R. Martin 23c. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)			sed dilve on yan	A-4 17.W. 1, and tha	it death accurred o	in in the	causes and on the	226 DATE
230. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)			MM	Parter	M D. PHYS	DIRECTOR D	TAFF HYS.	4-4-61
PEMOVAL (Specify)			r. Rex R. Ma	rtin	M.D. 220	North Mark	et Street I	Frederick, Md
Rurial 1-6-1961 Mt. Olivet Cemetery Frederick, Maryland	234			23c, NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION	(City, town, or county)	(State)
Did total	_	Burial (Specify)	4-6-1961	Mt. Olivet	Cemetery	Frede	rick, Maryl	and
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE Proderick Naryland DATE APR 1 0 '61 Cuthung & House	24	FUNERAL DIRECTOR	'S SIGNATURE	/		ADR 1 0 '61		

may be retained. The haspital or attending physicion.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the furterold director, page 3 should be defacted for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. NDING PRYSICEM: The law requires that the death certificate be executed within 14 hours after TO HOSPITAL OR A VR A1S (4) 1SM 9/59

ith. Page 4



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution: Residence before edmission) a. COUNTY cror. Page our files. of Health, a. STATE b. COUNTY Marvland Frederick Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Board of T write RURAL and give nagrest town) y is direct Knoxville-Rural RD#1 Minutes Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE d. STREET ADDRESS es f, 2, and 3 to the funeral d Page 5 may be retained for s 1 and 2 with the State Boar n 72 hours after death, 2 ON A FARM? State Highway Route 79 North Bentz Street YES NOXX First 3. NAME OF Middle DATE Month Yaer DECEASED OF (Type or print) JOHN 19 61 PARKINSON DENNIS DEATH April 1/1. 5. SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS 7. MARRIED Y NEVER MARRIED est birthdey) White July 1913 Male WIDOWED [DIVORCED T "in pencil in Item 18. Give Pages 1, 2, an Office along with form PM3. Page 5 m buriel-transit permit. File never 1 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY (11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) lk Transportation Maryland USA Truck Driver within 7 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ethel J. Weddle Isaac G. Dennis 16 SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) ((fivesgive war or dates of service) (Same as item #2) Mrs. Bertie V. Dennis No 18. CAUSE OF DEATH [Enter only one cause per tine for (e), (b), and (c), INTERVAL BETWEEN .9 ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Third Degree Burns Over Entire Body Bud Minutes DUE TO removal, (b) "pending" Examiner's (gave r'se to immediate cause DUE TO (a), stating the underlying cause fest. forwarded to the Chief Medical Lower Corwarded to the Chief Medical Losse 1 bould be used to burial, cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILO). 19. WAS AUTOPSY CERTIFICATION PERFORMED? certificate, writing the word NO XX 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING questions explored of comple too 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar (County) (Stata) factory, street, office bldg., etc.) Not While at work at work Inspection X. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry XI. and in my opinion designated agent, death resulted from: Natural causes Accident M. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED de contra should be for PUNEBAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER IX DEPUTY EXAMINER'S 18 Apr 1961 B. O. Thomas, M. D. NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF T 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stelle) REMOVAL (Specify) Frederick, Maryland 4-19-61 Mount Olivet Cemetery Z40 9 Burial 23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE PR 1 9 '61 VS. A15ME M. R. Etchison & Son, Frederick, Maryland 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

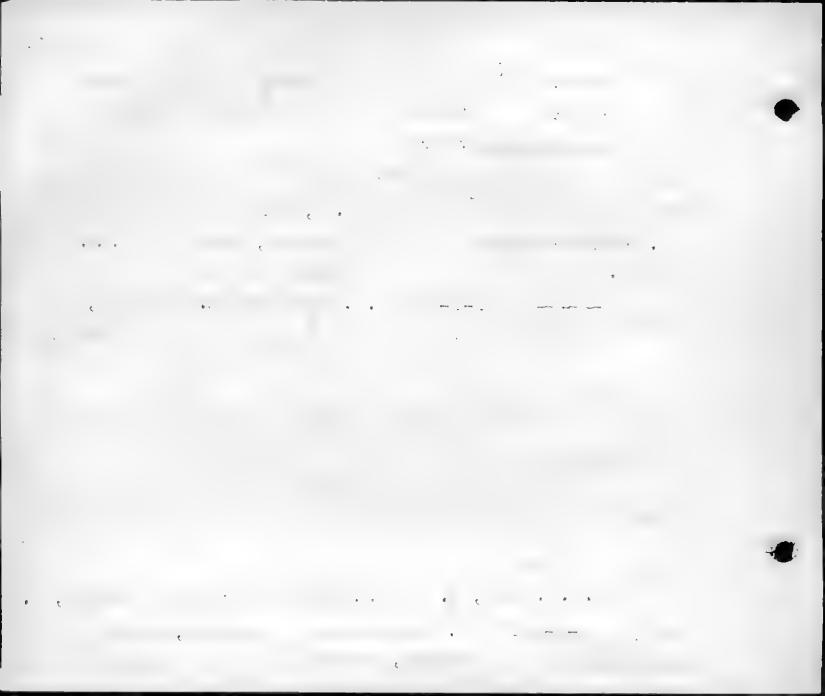


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1.	PLACE OF DEATH	dawi ak			MARYLAND	2. USUAL a. STAT		_	l lived. If institut b. COUNTY		before od	
. -	b CITY OR TOWN (If outs		ts, write	c. LENGTH O	F STAY IN 16	c. CITY			rate limits, write		~~~~	
,	RURAL and give nearest			li da	3740	1	Rura	l Route	#1 F	rederic	-	
	d NAME OF HOSPITAL (II	ieri.ck Enot in haspital, g	ive street o	ddress)	70	d. STRI	ET ADDRESS		11	. 000120	e 15	RESIDENCE
	or institution Fre	derick M	emori.	al Hosp	ital							N A FARM?
3	NAME OF DECEASED	Fîr	rst .		Middle		Last	4. DATE OF	Ма	nth	Day	Year
	(Type or print)	Lew	is B	laine	Eader			DEATH	April			19
S		COLOR OR RACE	7 MARR	IED 🛣 NEVER	MARRIED [8. DATE OF	BIRTH		AGE (In years last birthday)	Manths Do		
	Wale	White	WIDOWE		IVORCED 📋	Aug.	29, 18	391	69 yrs			
10	 USJAL OCCUPATION (C during most of working 1 	Sive kind of work : ife, even if retired	done 10b	KIND OF BUSI	NESS OR INDU	STRY 1T BIE	THPLĂCE (5t	ale or foreign co	iuntry)	12 CITIZEN	1 OF WH	AT COUNTRY?
	Ret. School		-	99				ick, Mar	yland	Ues	S.A.	
13.	FATHER'S NAME		•				IER'S MAIDE					
	Edward M. E	ader				I	annie	Heerd				
	WAS DECEASED EVER IN	U. S. ARMED FOR		SOCIAL SECUR	RITY NO. 17. II	NFORMANT			Ade	dress		
Ĺ	No -	-		14-10-3	267 Mr	• T. F	lobert	Eader	Rt.# 1 1	rederi	ck, l	arylan
	18. CAUSE OF DEATH	Enter only one co	use per lir	ne far (a), (b),	and (c)-]		A				INTERVAL	L BETWEEN
	PART I. DEATH V	VAS CAUSED BY:	. Co	sohr	a) He	mo	who	92		1	5,2	
	Y Y	DUE TO						1				1.
	Canditians, if any,	which)	,				(1
	gave rise to imme	diate (
	tying cause last.	inder-										
CERTIFICATION		IGNIFICANT CON	DITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATI	ED TO THE TE	RMINAL DISEAS	CONDITION G	VEN IN PART 1	PE.	AS AUTOPSY REORMED?
	20d. ACCIDENT WAS UN OR CONTRIBUTING [] C (IF EITHER, NOTIFY MED	AUSE OF DEATH	20b. DESC	RIBE HOW IN	JURY OCCURRE	D. (Enter nal	ure of injury	in Port I ar Par	II af item 18.)			
MEDICAL	20c. TIME OF INJURY N Have o. m, p. m.	fanth, Day, Ye 19	While	NJURY OCCUR Not while t at work	e fo	ACE OF INJ clary, street,		arm, 20f. (City efc.)	or town)	(Cou	nly)	(State)
	21 I certify that (I)	(this hospital						19/8 10_	Afind-			l) (we) last
	saw the deceased	olive on /24_	1. 1. il.	5 19/1/	and that	death occi	irred of	. M, from	the couses o	nd on the d	ote sto	
	22a. SIGNATURE 7		1 c du	7		M D PHYS.	NDING	MED DIRECTOR	STAFF PHYS.			22b DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)					22d. A	DDRESS					
	Dr Dr	. B. O.	Phoma.	s. Sh.		LD 2	28 No	cth Mark	et Stre	at. Rea	dard	nlc161
23	BURIAL, CREMATION,	236 DATE THEREC			OF CEMETERY C				ION (City, town,			(State)
	REMOVAL (Specify)	4-26-19	67					-		, ,		
24	FUNERAL DIRECTOR'S SLE	NATURE /	//	ADDRES		emeter		EC'D BY REGIST		STRAK'S SIGN		
	11150	129/	. 2/	The sale	and also 3	A						

TO HOSPITAL OR ATZNDING PHYSICIAN: The low requires that the demith certificate be executed within 24 hmurs offer of other many be retained to the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the forestor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

VR A1S [4] 15M II/S9



04969

	CERTIFICATE OF DEATH	42200
1	PLACE OF DEATH o. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Res dence before STATE Maryland b. COUNTY Frederick Maryland b. COUNTY Frederick	fore odmission) erick
	b CITY OR TOWN (If outside corporate limits, write RURAL and give a RURAL and give nearest town) Prederick LENGTH OF STAY IN 1b RURAL and give nearest town) RURAL and give nearest town)	earest town) Emmi
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Frederick Memorial Hospital DFPAVL ST	e. IS RESTDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) Charles Edward L-Chenrode DEATH April	7 196/
0.7	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH P. AGE (In years loss birthday) Olympic Divorced Feb. 27, 1877 Olympic Months Days	AR IF UNDER 24 HRS Hours Min
1	during most of working life even if retired)	OF WHAT COUNTRY?
1	Vincent J. Eckenrode 14. MOTHER'S MAIDEN NAME Emma Orndorff	
	S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Yes, no. or unknown] NO Address Address Address Emma W. Eckenrode Emmitsbu:	rg, Md.
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TOXOGRATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)	4-545 54-7 19. WAS AUTOPSY PERFORMED? YES NO.
	200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF COUNTRIBUTING CAUSE OF CA	y) (Stote)
	saw the deceased alive an 4 1961, and that death accurred at 15 M, from the causes and on the do	that (I) (we) last te stated abave.
	220 SIGNATURE M.D. PHYS DIRECTOR STAFF PHYS DIRECTOR PHYS DIRECTOR DIRECTO	22b DATE S GNED S 196
-	NAME (Type) Henry V. Chase 4E. Church St Frederi	CK MX
1 3	30 BURIAL, CREMATON, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) urial 1 St. Anthony's Cem. St. Anthony, Md.	Fred. Co
1	apprend Goldgie Thurmont, Md. Date APR 12'61 256, REGISTRAR'S SIGNAT	

TO HOSPITAL OR APPENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often way be retained to assist and a street this certificate has been signed by the attending physician and campletely filled in by the fuveral d page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be fill the State Board of Health priar to burial, commation, a manual, and in any event, within 72 haurs after death VR A15 (4) 1SM 9/59

th. Page 4

IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after



AARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY **b.** COUNTY Frederick Maryland MENVLEND b. CITY OR TOWN (if outs da corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town! Thurmont rural ${f Thurmont}$ rural Vrs. filled in b Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) d. STREET ADDRESS RD Own Home papers. completely 3. NAME OF 4. DATE First Middle April 2 (Typa or print) Milton Evler DEATH Frank carbon W.thi 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yaars | IF UNDER 1 YEAR ! and last buthday Months white male WIDOWED | DIVORCED [10a. USUAL OCCUPATION IG ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if ratifed) Mar vla nd Factorv Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sarah C. Staub Charles M. Eyler Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyasqiye war or dates of service) Thurmont. Mrs. Ella 5. Eyler 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (4) DUE TO Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the undarlying cause last PAR II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY william ou bkyseina Chronic Revere 203 ACCIDENT WAS UNDERLYING 1 201. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.)
OR CONTRIBUTING 1 CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER 20d. NJURY OCCURRED 3 20a PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.) While Not While Hour a.m. work at work 196 / to. 19.2 (we) last saw the deceased alive on... 22a, SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Thurmont, Maryland 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BUR, AL, CREMATION, 23b. DATE THEREOF P dip a REMOYAL (Spacify) Blue Ridge Cemetery Thurmont. Maryland 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Md. Thurmont, Edvilling S. Frances DATE APR 4

Frederick

Dey

. IS RESIDENCE

ON A FARM?

61

YES NO TO

IF UNDER 24 HRS.

Hours

Md. RD

INTERVAL BETWEEN ONSET AND DEATH

CAUS,

PERFORMED?

NO !

(Stata)

22b. DATE

SIGNED

(County)

12. CITIZEN OF WHAT COUNTRY?

15M 9/60



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TO HOSPITAL OR THE INDING FIFTSICIAN: The law requires that the death certificate bill executed within 211 Haurs aftigeners.	may be retained to haspital ar attending physician.	TO FUNERAL DIREC ! After this certificate has been signed by the attending physician and completely filled in by the Faheral d	page 3 should be assured for use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 should be file	the State Board of Health priar ta burial, cremation, or removal, and in any event, within 72 hours ofter death.	
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VR A1S (4) 1SM 9/59

	427	2	CERT	HCA	IF OF	DEATH					(12	20
o. COUNTY der	rick		MA	RYLAND	2. USUAI o. STA		yl and	l lived. If institution b. COUNTY			ick	
b. CITY OR TOWN (IF RURAL and give nec	orest lown]	ts, write	c. LENGTH OF STA	yın іь yea:	N	OR TOWN (IF a		rote limits, write R SVILLE	URAL ond	give ne	arest tow	n)
d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in hospital, q	jive street	address)		d, STI	REET ADDRESS						FARM
3 NAME OF DECEASED (Type or print)	Co	ora	Mae		Fishe	lasi	4. DATE OF DEATH	Mon		7		Yeor 19 ⁶ 1
	6 COLOR OF RACE	7. MARE			B DATE OF	6 BIRTH		9 AGE (In years last birthday)	Months Months	R 1 YEAR	IF UND Hours	ER 24 H
female 10a USUAL OCCUPATION during most of worki housewife	N (Give kind of working life, even if retired	done 10b.		OR INDUS	STRY 11. BI	RTHPLACE (Stote liaryla	_			TIZENO U.S	F WHAT	COUNT
Joseph I	-				Ad		NAME					
15 WAS DECEASED EVER (Yes, no, or unknown) (1	IN U. S. ARMED FOR F yes, give war or dates of		social security n		S. RO		lls,	Frede i		RF.	D, I	ld.
	mediale (DUSTO	and	Linesal	ona Jeran gerd	ry his I	Occh Henrt Heir	Dis	elas.			PRIVAL BI	
ICATIO	ER SIGNIFICANT CON S UNDERLYING CAUSE OF DEATH	_	CRIBE HOW INJURY						/EN IN PA	ART 1(a)		AUTOP ORMED? NO
(IF EITHER, NOTIFY) Output Output	MEDICAL EXAMINER)	or 20d. II While at wor		20e. PU	ACE OF IN.	URY (Home, farm , office bldg., etc	n, 20f (City	or town)		(Caunty))	(Sto
saw the decease	t (I) (this hospita ed alive on _ I/	i)/attend			, ,		50, to_	the causes or				d abor
22a S GNATURE LINN 22c. PHYSICIAN'S	JR 0.2	Hom	son		M D. ATTE	NDING MADDRESS	ED.	STAFF PHYS.			22	SIGN
NAME (Type)	enneth H	enso	n				leto	m, lid.	M alle SM She has view being	a distribution distribute de		
230. BURIAL, CREMATION REMOVAL (Specify) DUTIAL	236 DATE THERE	961	Harmon					non (City, town, ederick			(Sto	te)
24. FUNERAL DIRECTOR'S		111	ADDRESS dd]etowr	ı, lid			D BY REGIST				JRE	
	- 02:2 10 002 13	7		/		DAIL # D	14 1 1 6	1 .		0		



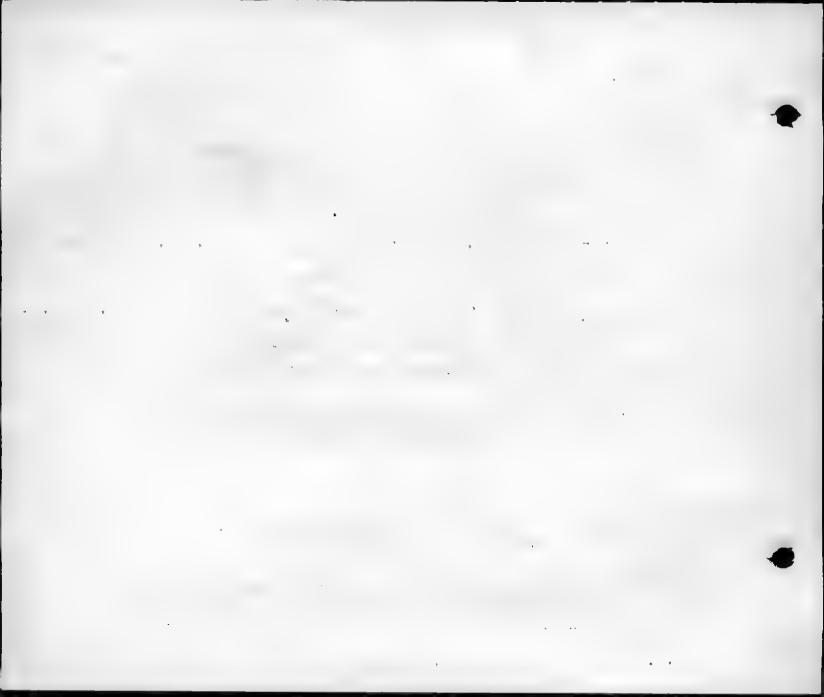
ENDING PHYSICIAN: The law requires that the death certificate be encuted within 24 hours afth

TO HOSPITAL OR

VR A15 (4) 15M 9/59

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1	PLACE OF DEATH	dontale		MARY	- 11	o. STATE	ENCE (Whe		lived if institution b. COUNTY		before odmi	
H	6 CITY OR TOWN (IF		s, write	c. LENGTH OF STAY	IN 16				ote limits, write R			
1	RURAL ond give need			Glays		11	edori	مآد				
r	d. NAME OF HOSPITA OR INSTITUTION		ive street (oddress)		d. STREET AL	DDRESS		-		ON.	SIDENCE A FARM?
	rederic	<u>ek Kemori</u>	<u>al </u>	Hospital		113	Ice	Stre	et		YES] NO []
3	NAME OF DECEASED (Type or print)	Grace	il	Middle	Fish	losi		4. DATE OF DEATH	Apri.	_	Day	Year 1967
5	SEX		7 MAPP	HED NEVER MARRIE		DATE OF BIRTH		3	9. AGE (In years		YEAR IF UND	
F	Terrale	C	WIDOWE	_			-1838		last birthdoy) 72 yrs.	Months D	Pays Hours	Min
10	during most of worki	N (Give kind of work on g life, even if retired)	lane 10b	KIND OF BUSINESS O	R INDUSTRY	11 BIRTHPL	ACE (State o	r foreign co	untry)	12 CITIZE	EN OF WHAT	COUNTRY
				st. School	l-Dea	F:	reder	ick	Co. Ad.	Ţ	U.S. A.	
13	. FATHER'S NAME		•		1	14. MOTHER'S						
	Dud	lley Moor	е		-	Ani	na 7	?				
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17 INFO	RMANT			Add	ress		
1	No	t yes, give war or dutes or se	N VICE)	Unknown	Mar	caret	Cart	mail	- 115 1	Ico St	عمليل ما	dH
	18. CAUSE OF DEAT	TH [Enter only one co	use per lir	ne far (a), (b), ond (c).							INTERVAL 8	
	PART I. DEATH WAS CAUSED BY: Multiple conduct infancts ONSET AND DEATH									41		
	′	DUE TO		,			q					
	Conditions, it only, which) (b) attenior de te heart desirans									3411	et we	
	gove rise to in couse (a), stating t	mediate Dur To									3	
ı	lying couse last.	le onder-										
Z	PART II. OTH			CONTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO	THE TERMIN	IAL D SEASE	CONDITION GIV	EN IN PART	1(o) 19 WAS	S AUTOPSY ORMED?
CATI												NO 🗆
CERTIFICATION		S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (Enter noture al	injury in Po	ort I ar Port	II of item 18)		,	
N.	20c. TIME OF INJURY	Month, Day, Yes		NJURY OCCURRED	20e. PLACE	OF INJURY (F	tome, farm,	20f. (City	ar tawn)	(Ca	ounty)	(Stote)
WED.	Hour o.m. p. m.	19	While of work		, acros	,, 211201, 011122	pragr, crer,					
	21 I certify that	(I) (this haspital	\ attend	led the deceased	from Co	. Y)	. 19-5	5 4. to 6	Gref 8.	1960	/. that (1)	(we) lost
					that dea	th accurred						
	220. SIGNATURE						death accurred at fa. M., from the causes and an the date stated above					
	1.7317	11/11/18	2.1.	7	Мε	ATTENDING PHYS	MEI	D. ECTOR [STAFF PHYS			SIGNED
	22c. PHYSICIAN'S NAME (Type)	Rex K	1772	aTin		22d. ADDRE		MAK	CET T.2	pdea	1214	11H
23	30 BURIAL, CREMATION	N. 236 DATE THEREO	1-1-1-	23c NAME OF CEMI	ETERY OR C	REMATORY		23d LOCAT	ION (City, lawn,	ar caunty)	(5)	ate)
	REMOYAL ISPEC TY	4-11-61		Fairvi					lerick-			
24	, FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			250 REC'D	BY REGIST	RAR 25b, REGI	ISTRAR'S SIGN	NATURE	
	C.J. Hick	s 111 3	Tre le	erick. Ha	rular	nd	DATE &	PR 11	'61 c	willing &	?. Huma	



DATE

M. R. Etchison & Son, Frederick, Maryland

Orthur & Krous

VS. A15ME

5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH

TISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

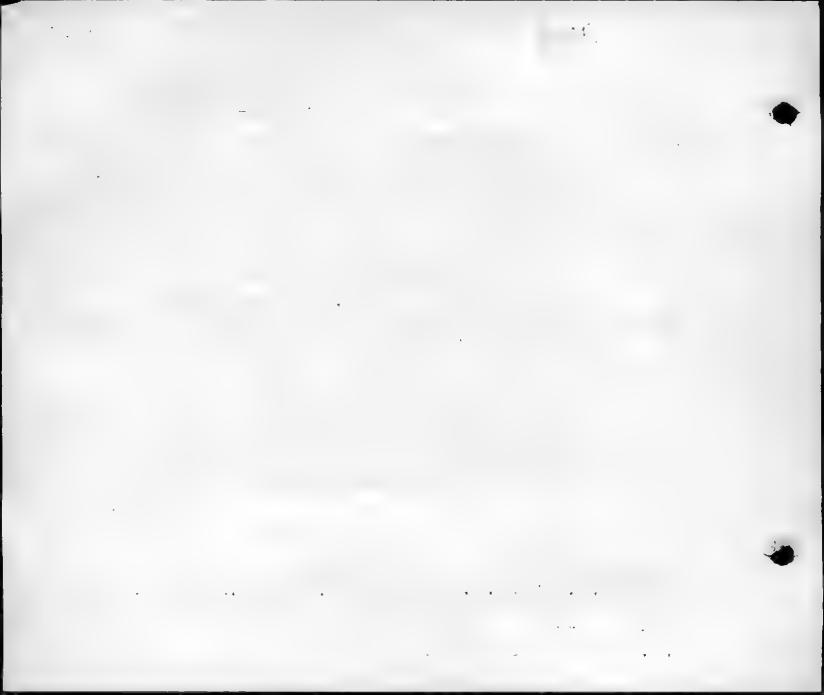
		OF STAI	ISTICAL	KEZEARCH	I AND	RECOR	D2 —	BAL
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	water of all	CERTIFICA	IL OI DEAL	· · · · · · · · · · · · · · · · · · ·	0 2200
o. COUNTY Frede	rick	MARYLAND	- CTATE	(Where deceased lived. If institution b COUN	lution: Residence before admission) Frederick
Frederick-R	sutside corporate limits, write est tawa) RD#7	6 Years	1 3 /	(If outside corporate limits, write lerick-Rural RD)	
d NAME OF HOSPITAL	(If not in hospital, give stree county Chronic	Hospital	d. STREET ADDRES	**	o is residence on a farm? yes ☐ No
3. NAME OF DECEASED (Type or print)	First ELSIE	Middle LAMOR	HAHN Lost	4. DATE NO DEATH	April 3, 19 61
Female	TEID 2 4 4 -	RRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH 29 Sept 18	9. AGE (in year last hirthda)	Pris IF UNDER 1 YEAR IF UNDER 24 HR Months Doys Hours Min.
10d. USUAL OCCUPATION during most of workin House-Work	(Give kind of work done 10 g life, even if retired)	At Home		itote or foreign country) cown, Maryland	USA
13. FATHER'S NAME John Lease			Josephine		
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 11 yes give way ar dates of service)		ohn M. Hahn		Address #2)
Conditions, if any gove rise to im cause (a), stating the lying cause lost.	mediole DUE TO	S CONTRIBUTING TO DEATH BU		ERMINAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPS
PART II. OTHE 200 ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	CAUSE OF DEATH I	ESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injur	y in Port I or Port II of item 18.)	PERFORMED? YES NO
20c. TIME OF INJURY Hour a. m. p. m.	Whi	L.	LACE OF INJURY (Home, actory, street, office bldg.	farm, 20f (City or town)	(County) (Stat
21. I certify that saw the decease	1667	nded the deceased from:	death occurred d	1916, to aft 3 20M, from the couses	and an the date stated above
22a. SIGNATURE	H Klice	P	M.D. ATTENDING	MED. STAFF DIRECTOR PHYS.	4 Apr 1961
22c PHYSICIAN'S NAME (Type)	I. F. Kline, M	4. D.	7 N. Mar	rket St., Frede	rick, Maryland
23a. BURIAL, CREMAT ON BURIAL (Specify)	236 DATE THEREOF	Fairmount Co		23d LOCATION (City, fow Libertytown	vn, or county) (Stote) , Maryland
24 FUNERAL DIRECTOR'S M. R. Etch	signature Lison & Son, F	rederick, Mary	land	400	EGISTRAR'S SIGNATURE

th. Poge 4 TO HOSPITAL OR AXTENBING FHYBICIAE: The low requires that the diacth certificate be executed within 20 hours offined may be retained. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Faneral page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours, gifter geath. VR A3S (4) 15M II/59



a. STATE

Frederick

that the death certificate

PHYSICIAN: The

CERTIFICATION

MEDICAL

1. PLACE OF DEATH o. COUNTY MARYLAND Frederick b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

c. LENGTH OF STAY IN 16 Years d. NAME OF HOSPITAL (If not in hospital, give street address)

Frederick -Rural-R.D.#1 d. STREET ADDRESS Gas House Pike

Lost

14. MOTHER'S MAIDEN NAME

Marvland

IS RESIDENCE ONLA FARM? YES A NO

NAME OF DECEASED First JOHN (Type or print) 5. SEX 6 COLOR OR RACE

Gas House Pike

Frederick-Rural-R.D.#1

7. MARRIED T NEVER MARRIED T DIVORCED |

Middle

CALVIN

HALL B. DATE OF BIRTH December 1, 1885

APRIL DEATH AGE (In years 75 birthday)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

61 IF UNDER I YEAR! IF UNDER 24 HRS Months Doys Hours

White Male WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if ratired)

Owner

Maryland

4. DATE

12 CITIZEN OF WHAT COUNTRY? USA

INTERVAL BETWEEN

ONSET AND DEATH

13 FATHER'S NAME

OR INSTITUTION

Samuel Hall

18. CAUSE OF DEATH [Enter only one couse per-line for (o), (b), and (c)

17 INFORMANT

Alice Sheets

Address

Month

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Yes, no, or unknown Mr. John H. Hall-Same as Item #2 219-36-2576

PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? YES I NO PT

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18)

20c. TIME OF INJURY Month Doy, Year Hour o. m p. m.

20d, INJURY OCCURRED While Not while at work 🔲 of work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County) (State)

21 I certify that (I) (this haspital) attended the deceased fram sawrthe deceased alive an

James B.

Apr.11.1961

GIMMANI and that depth accurred at 8

. 12 **560** _fa M, fram the causes and on the date stated above.

19. (a.), that (I) (we) last

220 SIGNATURE 22c PHYSICIAN

Burial

NAME (Type)

Thomas, M.D.

ATTENDING PHYS. M.D 22d ADDRESS

Professional

STAFF MED DIRECTOR

/10/610 Bldg., Frederick, Md.

23g. BURIAL CREMATION, 236 DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY Mount Clivet Cemetery 23d. LOCATION (City, town, or county) Frederick.

(State) Maryland

24 FUNERAL DIRECTOR'S SIGNATURE

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

VR A15 (4) 15M 9/59

0 2 Board

9 poge 3 the State

M. R. Etchison & Son, Frederick, Maryland

DATE APR 11 '61

Circling S. Haus



	RYLAND STATE D STATISTICAL RESEARCH A CERTIFICA	ND RECORDS —	BALTIMORE 1, MA			04270
	MARYLAND	- STATE	ICE (Where deceased five aryland	b. COUNTY	n. Residence t	
orate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOV	VN (If autside carporate	limits, write RE	JRAL and give	nearest town)
		Rural.	Mt.Airy	R. D.	2	
aspital, give street	address)	d STREET ADD	RESS			e. IS RESIDEN
al Hospi	tal	at V	Vatersvil	le i	X -	YES NO
First	Middle	Last	4. DATE	Mani	h	Day Year
LULA		HATFIELD	OF DEATH	A	oril 2	20. 196

	PLACE OF DEATH COUNTY Frederick	MARYLAND	2 USUAL RESIDENCE (WHO a. STATE Mary)	h. COUNTY	Carroll
	o. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Frederick	c. LENGTH OF STAY IN 16		Airv R. D.	
	or INSTITUTION Frederick Memorial Hospi	. 79	at Wate	ersville	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED (Type or print)	Middle	HATFIELD	4. DATE Mon OF A	th Day Year pril 20, 1961.
s s	emale 6 COLOR OR RACE 7 MARK		Jan. 12, 18	9. AGE (In years test birthday) 75 yrs	Manths Days Hours Min.
	. USUAL OCCUPATION (Give kind of work dane during most of working life, even if relired)	KIND OF BUSINESS OR INDU	Maryland	i	U. S. A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N		
L	George F. Hatfie		Elizabet		Q
	WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. In no, or unknown [[If yes, give war or dates of service]]		NFORMANT	Addr	ress
-		Mr	s. Thomas I	inton, Same	as # 2
	IB. CAUSE OF DEATH [Enter only one cause per li	ne far (a), (b), and (c)]	-1		INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ence Coror	my throw	mboris.	9 days
	H-20 . O DUE TO	1	1 11	. λ ·	
	Conditions, if any, which (b)	pleworks	who Hay	7 Disease	Syr 7
	cause (a), stating the under-				
~9	lying cause ast. (c)				
CATION	Part it OTHERSIGNIFICANT CONDITIONS	mellitus	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	PER IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
L CERTIF	20g ACCIDENT WAS JINDERLYING A 20b DES OR CONTRIBUTING ACAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in I	Part I ar Part II af item 1B.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. II Haur a.m. 19 While at war	Nat while fa	ACE OF INJURY (Home, farm ctary, street, affice bldg., etc	, 20f. (City or town)	(County) (State
	27 I certify that (I) (this haspital) attends saw the deceased alive an 15			61.10 april 20	d on the date stated above
	220 SIGNALUE	17.92 , and mar a	featu accorded at 25-	aw, from the causes on	22b.DATE
	ble and the	As o		ED STAFF	20 Apr 61 SIGNED
	22c PHYSTERAN S NAME (Type) Henry V. Chase	. M. D.	22d ADDRESS	h St., Freder	ick. Md.
22-	BUR A., CREMATION 23b. DATE THEREOF	23c NAME OF CEMETERY O		23d LOCATION (City, town,	
_	REMOVAL Specify 4-22-1961	Poplar Spri		Howard Co.	
-	MI TAL TALL 1901	TONTAL DOLL	TIR 2	DE DE DECLE DE LE DECLE	

C. M. Waltz, Winfield, Maryland

DATE PR 2 5 '61

Conduct S. Kroeve

VR A15 (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

01041

	4	4278	CERTIFICA	ALE OF DEATH	1	100	(J	2/2/1
	PLACE OF DEATH 6. COUNTY Frederick		MARYLAND	2. USUAL RESIDENCE (W. STATE Maryland		If institution Re COUNTY Frederic		admission)
	b. CITY OR TOWN (II RURAL and give no	outside carparate limits, writ arest town)	e c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate tim	its, write RURAL	and give neare:	it town)
L	Frederick		10 minutes		k	31		
)	d NAME OF HOSPIT, OR INSTITUTION Frederick	At (If not in hospital give street) Memorial Hosp		d. STREET ADDRESS	ac Ave.	1		IS RESIDENCE ON A FARM? 'ES NOTE
3	NAME OF	First	Middle	Last	4. DATE	Manth	Day	Year
	(Type or print)	Dana 7.4		Hoffman	OF DEATH	April	20	1961
	SEX	Donald 6 COLOR OR RACE 7 MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE	(In years IF UN		UNDER 24 HRS
	Male		OWED DIVORCED	4/10/24	lost 2	birthday) Man 7 yrs.	iths Days I	dours Min
{	O USUAL OCCUPATION		06 KIND OF BUSINESS OR INDI		a or foreign country)		CITIZEN OF W	HAT COUNTRY?
	Steam fit	ing ife, even if retired)	Ft. Detrick	Marylan	ıd		U. S.	
	3. FATHER'S NAME			14 MOTHER'S MAIDEN	NAME			
١	Merhle Hoi	fman		Edith E	tzler			
1	Yes no or unknown)	R IN U.S. ARMED FORCES?		INFORMANT		Address		
	Yes	WWII	217-12-1870	Mrs. Catherin	e L. Hoff	man. Sa	me.	
	18. CAUSE OF DEA	TH [Enter only one couse pe	r line for (a) (b), and (c)]	,	j.		INTER	AND DEATH
	PART I. DEA	TH WAS CAUSED BY MMEDIATE CAUSE (o) (Letion oco.	reescozera	1 ret	(-252	الايما وي وي	2# vrs
	152.1	DUE TO			ons			20
	Canditians, if or	ny, which }		(8- [090			
	gove rise to in	mmediate (
	lying cause lost	the under-						
-	PART II OTH	IER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	AINAL DISEASE CONI	DITION GIVEN IN	PART 1(a) 19	WAS AUTOPSY
	<u> </u>	acritori	Tin					PERFORMED?
ì	20g. ACCIDENT NA		DESCRIBE HOW INJURY OCCURR	ED (Enter noture of miury in	Port or Port of i	tem 18)		
	OR CONTRIBUTING	CAUSE OF DEATH		tener here et injery i				
	. 1	- 1	f. INJURY OCCURRED 20e P	LACE OF INJURY (Hame for	m 20f (City or tow	lan lan	(County)	(State)
	20c TIME OF INJUR Hour a.m.	wh.	ile Nat while f	octory, street, office bldg., e		***	(400111)	(57075)
ξ			wark ot wark		-10		-	
	21 I certify tha	t (I) (this hospital) atte	ended the deceased fram		2.58, 1a Apr			
	saw the deceas	ed alive on 4/20	1961 , and that	death accurred at A	M, from the c	auses and ar	the date s	
	220 SIGNATURE	K 0	< D 9	ATTENDING	MED STA	ee.		22b DATE S GNED
		Je Court) found	MAD PHYS.	PHY		4/20	/61
	22c. PHYSICIAN'S NAME (Type)	1	()	22d ADDRESS				
		F. S. Damazo	, M.D.	7 W. 3r	h St. F	rederick	Md.	
3		N, 236 DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (6	lity, tawn, ar cau	inty)	(State)
	REMOVAL (Specify) Burial	1,/23/1961	Mount Olivet	Cemeterry	Frederic	k 1	larvl ario	1
2	4. FUNERAL DIRECTOR	The same of the sa	ADDRESS	25m BE/	TO BY DEC STRAP	25b, REGISTRAR	S SIGNATURE	
	M. R. Etc.	hison and Son.	Frederick. Man	ryland DATE	PR 2 4 '61	Challe	of S. Much	

TO HOSPITAL OR AT ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the inneral director, page 3 should be détached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

4270

CERTIFICATE OF DEATH

04272

- 1		-10 9 67											
1	1 PLACE OF DEATH o. COUNTY Fred	lerick		MARYL	[]	n STATE	ence (Whe		lived. If institut b. COUNTY	on: Residenc	e before	s odmissi K	on)
	b. CITY OR TOWN (III RURAL ond give ne Frederick—	outside corporate limi prest lowe) tural #7	ls, write	3 Years	N 16	-	own (If ou ederi		ote limits, write l	tURAL and g	ive near	est town))
1 J	d. NAME OF HOSPIT OR INSTITUT ON Montevue	AL (If nat in hospital, g	ive street	address)		d STREET AL		t Thi:	rd Stree	t	0		PARM?
	3 NAME OF DECEASED (Type or print)	GEORGE		Middle WASHING	TON	HOUCK		4. DATE OF DEATH	Mo	pril	Doy 12,		reor 1961
	5 SEX Male	6. COLOR OR RACE	7 MARR	NEVER MARRIES	- (-)	ATE OF BIRTH		1	9, AGE (In years last birthdoy) 09 yrs		Doys	F UNDE Hours	R 24 HRS Min,
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer Coundry Coundry Received R									iuntry)	12.CITI2		WHATC	OUNTRY?
13. FATHER'S NAME													
Theodore Houck Maggie S. E. Shoemaker Is was deceased ever in u. s. armed forces? It social security no. 17. Informant Address													
		No (If yes, give wor or dotes of service) 214-10-3198 Earl W. Houck, Sr. (Same as item #2)											
	PART I. DEA	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO DUE TO INTERVAL BETWEEN ONSET AND GEATH J. WILLIAM DUE TO DUE TO DUE TO											
	lying couse lost.	rna <u>under-</u>	:1	CONTRIBUTING TO DEA	TH BUT NO	PELATED TO	THE TEPAKIN	IAI MISEASI	CONDITION G	VEN IN PART	T 1(0) 19	- WAS	ALTOPSY
	CATIC		DI-10143 7	CONTRIBOTING TO DES	an sor No	I KEDATED TO		AVI NIZIVI	CONDITION	TELS HET PIN	.,0,	PERFO	NO X
	(IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED (E	nter noture af	injury in P	art 1 or Port	II af item 18)				
	20c. TIME OF INJUR Havr o. m. p. m.	Y Month, Doy, Ye	While	NJURY OCCURRED Not while k at work		OF INJURY (F , street, office			or town)	(C	County)		(Stote)
/	21. 1 certify tha saw the deceas 22a SIGNATURE		attend	ded the deceased 1 1961, and	that deat	ATTENDING PHYS.		D	the causes a	nd an the		stated 22L	we) last abave. b.DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	H. F. Klin	e, M	. D.	MD	22d. ADDRE	SS	t St.	Freder		Т.		
	230. BURIAL, CREMATIO BUTTAL (Specify)	14-15-61)f	23c NAME OF CEME Mount Ol				-	rion (City, town, erick, M	_ ' '	nd	(Stale	e)
	M. R. Etch	s signature nison & Son	, Fre	ederick, Ma	ryland	l		BY REGIST		ISTRAR'S SIC کے امسائار۔			

the twnerol director, should be filed with TO HOSPITAL OR ATTENDING THYSICIAN: The law requires that the death cartifinate be axecuted within 24 hours offer may be retained to assist or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shouthe State Board of Health prior to burial, cremation, or removal, and in any event, with part 3 Ray is ofter death

VR A1S (4) 1SM 9/S9

NDING PHYSICIAN: The law requires that the death contificate be executed within 24 hours often

oth. Poge 4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 4280

04273

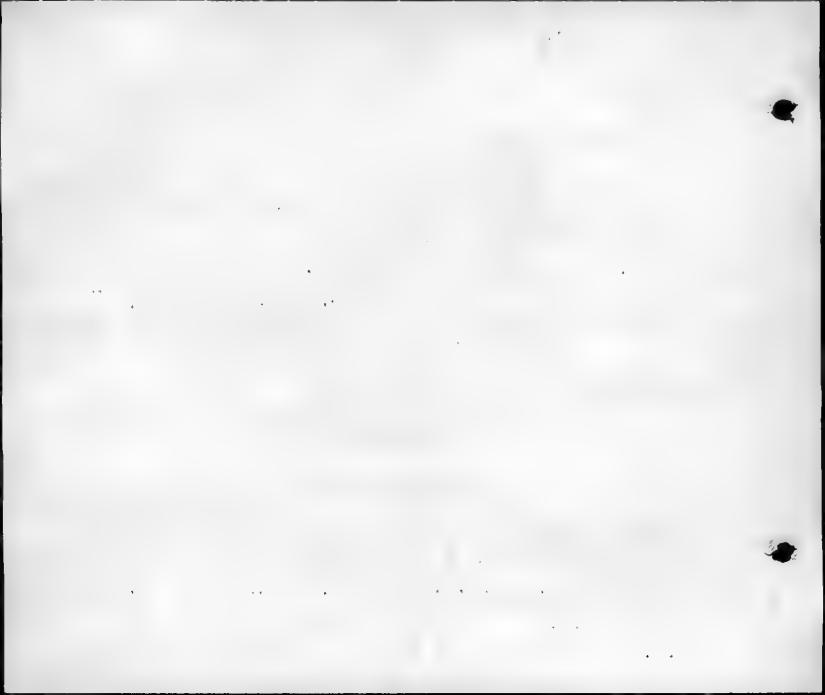
	- 4										
1 PLACE OF DEATH	rederick		MARYI	LAND	2. USUAL RESIDENCE (Who o. STATE Maryla		lived If institution b. COUNTY		deri		ion]
Freder 1	N (If outside corporate lim emearest lown)	ts, write	Years	IN 1P	c. CITY OR TOWN (If of Frede)		ate limits, write Rt	JRAL and	give nea	resi towr	1)
d NAME OF HO Frederic	SPITAL (If not in hospitol of R Memorial F	ive street Iospi	oddress) tal		d. STREET ADDRESS 308 Upper College		Terrace		1		PARM?
3. NAME OF DECEASED (Type or print)	MABEI		Middle IMOGENE		JACOBS	4. DATE OF DEATH	Moni A]	pril	Day 22		Year 19 61.
5. sex Female	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRIE		May 26, 1886	9 AGE (In years last pirthday) 14 yrs.	Months	Doys Doys	Hours	Min,	
Sell-empl	ATION (Give kind of work working life, even if retired Loyed	done 10b.	KIND OF BUSINESS OF ractical Nu	R INDUS TSE	TRY 11. BIRTHPLACE (Stole Maryland	i	ountry)		IZEN OF	WHAT	OUNTRY
George M.	. Heim				Ida V. Gun						
IS WAS DECEASED [Yes, no. pr unknown)	EVER IN U. S. ARMED FOR (If yes, give war or dates of	CES7 16.	SOCIAL SECURITY NO	10	formant orge M. Jacobs		00 Rosett ederick,		ve.,		
INTERVAL BIONSET AND PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. (c)										ET AND	
CATIC					NOT RELATED TO THE TERMI		<u>,</u>	EN IN PAS	RT 1(a) 19	PERFC	AUTOPSY DRMED? K NO [
	WAS UNDERLYING [] ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)				(Enter nature of injury in F						
Hour o.	IJURY Month, Day, Ye m. 19	While		fac	CE OF INJURY (Home, form tory, street, office bldg., etc.) 201 (City	or lown)	((County)		(Slate)
saw the dec	eased alive an on	l) attend	ded the deceased	from that d	eath occurred 8 35	M, fram	the causes an	− , 19 <u>€</u> d an th	e date	stated	doave
220. SIGNATUR	Thomas	2	8time	,		ED RECTOR	STAFF PHYS		24 A		DATE SIGNED
	Thomas E.				122d. ADDRESS 14 W. 3rd S	t., Fr	ederick,	Md.			
Burial (Spe		OF .	23c NAME OF CEME Mount Oli				rick, Mar	, ,		(Stot	re)
M. R. E	tor's signature tchison & Soi	n, Fr	ederick, Ma	aryla	and DATE A	PR 25	RAR 256 REGIS	TRAR'S SI ـ اسلال			

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TO HOSPITAL OR THUBING PHYSICIAN: The law requires that the destricted be executed within an agust and requires and may be retained the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physician and campletely filled in by the Noveral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Board at Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A15 [4] 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04274

l.	a. COUNTY	тн ederick		MARYLAND	2. USUAL RESID	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o STATE Maryland b COUNTY Frederick						
	b City OR TO RURAL and g Freder	WN (If outside carporate lim pre nearest town) ick	its, write	Life	4	own (if o		ote limits, write R	URAL ond g	jive near	est town)	
	d. NAME OF H OF INSTITUT 020 NO	ospital (if not in hospital, on rth Market St	give street ac reet	ddress)	II	d. STREET ADDRESS 828 North Market Street 828 North Market Street						
	3. NAME OF DECEASED (Type or print)	fi HAF	RY	Middle	JOHNS (4. DATE OF DEATH	Mon	h April	Doy 22	Yeor 1961	
	s sex Male	6. COLOR OR RACE White	7 MARRIE WIDOWED	D NEVER MARRIED DIVORCED	B. DATE OF BIRTH		9	AGE (In years last birthday) yrs.	Months Months	Days	Hours Min	
	Retired-	PATION (Give kind of work tworking life, even if ref red District Mana	dane 10b, Ki iger Te	elephone Co.	Fre	ederio	ck, Mar		US US		WHAT COUNTRY	
Ŧ	3. FATHER'S NAM	. Johnson			Mary C		NAME					
۲	18. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 212-05-0824 Mrs. Pauline A. Keegan, Hyattsville, Md.											
18. CAUSE OF DEATH [Enter only one cause per last for (a), (b), and (c)] PART 1. DEATH WAS CAUSED BY [MMEDIATE CAUSE (a)] DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last.										INTER	Sylar C	
	CATION CATION	OTHER SIGNIFICANT CON	Ulra	tie Carl	LO-USOE	thetermi	INAL DISEASE	CONDITION GIV	PAR	, ,	WAS AUTOPSY PERFORMED? YES NO X	
	OR CONTRIBU	NT WAS UNDERLYING [] UTING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b DESCR	IBE HOW INJURY OCCURE	ED. (Enter nature a	f injury in	Part I or Port	II of item 18.}				
	Hour	INJURY Month, Doy, You on m. 19	While at work	Not while	LACE OF INJURY (actory, street, affice	Home, form bldg., etc	20f. (City (or tawn)	{(County)	(State	
	21. I certify saw the de 220 HGNAT. 22c. PHYSICIA NAME (T	arles H C	enle	196/, and that	M.D. ATTENDING PHYS. 22d ADDRE	G A M	M, fram t	2 Gpt. he covses ar	nd an the	e date 24 Aj	pr 61 SIGNE	
	230 BURIAL, CREA REMOVAL (S) Burial	vation, 236 date there 24–25–6.		23c. NAME OF CEMETERY Mount Olive		У		on (City, town,	_ ′′	nd .	(State)	
		ctor's signature Etchison & Sc	n, Fre	address ederick, Mary	land		D BY REGISTR		STRAR'S SIG			

neral director, may be retained. The spital ar ottending physician.

THE LUMIRAL HIMECOR: After this certificate has been signed by the attending physician and committeely filled in by the item page 3 shauld be detached far use as the buriol-transit permit. Then please remove carban pagers. Pages 1 and 2 shauld the State Baard of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.

ENTING ENYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR A

VR A1S (4) 1SM 9/S9



Marvland

Frederick

MARYLAND

c LENGTH OF STAY IN 1b

Life

Frederick

b. COUNTY

c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)

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oth. Poge 4

1. PLACE OF DEATH

Frederick

b. CITY OR TOWN (If autside corporate limits, write

RURAL and give nearest town)

Frederick

may be retained. The haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shouthe State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

EMING INVSICIAM: The law requies that the death certificate be executed within 211 hours after of

VR A1S (4) 1SM 9/59

	d. NAME OF HOSPITA	AL (It not in haspital, g	ive street addre	(55)	d. STREET ADDRESS						e. IS RES	FARM?
		Memorial H	ospita		512 Tr	512 Trail Avenue					YES 🗌	NO G
3.	NAME OF	Fir		Middle	Los	1	4. DATE	M	anth	Do	y	Yeor
	(Type or print)	MITT	DRED		LEAS	E	OF DEATH	Ap	ril	28	3	1961
\$	SEX	To a bed and	1	NEVER MARRIED 🔀	B DATE OF BIRT	H	-	9. AGE (In yea	rs IF UND	ER 1 YEAR	IF UNDE	
	Female	White	WIDOWED [DIVORCED [Novembe:	November 2, 1877 lost birthday) Months					Hours	Min.
10	a USUAL OCCUPATIO	N (Give kind of work	done 10b. KIND	OF BUSINESS OR IND	USTRY 11. BIRTHP	ACE (State	or fareign o	country)	12 C	ITIZEN O	WHAT	OUNTRY?
Ì	House-wo	ing life, even if retired;		at home	Mar	rvlan	d			USA		
13	FATHER'S NAME		1.	22 4212 4	14. MOTHER'S							
	Robert	L. Lease			M.	arv S	heeter	helm				
	. WAS DECEASED EVER	IN U.S. ARMED FOR		AL SECURITY NO 17	INFORMANT	N N		1305 La	Merid	e Ave	9.	
[Y	os, no, or unknown) (1	If yes, give war or dates of s	1	one Mi	s. Helen	Bartl	holow					
F		TH Enter only one co			<u> </u>					LINT	ERVAL BE	TWEEN
		TH WAS CAUSED BY			. 0 Th "	a. h.	. 0			ON:	ET AND	DEATH
	€"	IMMEDIATE CAUSE (o		CZ PUZZZ	- Jus	1)6	14.7					Cap
ı	Conditions, if on	~ \	_	1	al The	\					2	
L	gave rise to in	nmediate (•	weir /	acces.	J. Comp.				-	*	
	lying cause last.											
z		FR SIGNIFICANT CON		RIBUTING TO DEATH BI	IT NOT RELATED TO	THE TERM	INA) DISEAS	SE CONDITION (SIVEN IN P	ART 1(a)	9. WAS	AUTOPSY
CATION			21110110 00111			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, , ,	PERFC	RMED?
JEIC.	20g. ACCIDENT WA	S LINDERLYING TI	20h. DESCRIBE	HOW INJURY OCCUR	RED /Enter nature of	of injury in	Part I ar Pa	rt II of item 18.)				110 [2]
CERTIF	OR CONTRIBUTING	CAUSE OF DEATH			(4.114.114.114.114.114.114.114.114.114.1	.,,,						
¥	20c. TIME OF INJURY	/ Month, Day, Ye	ar 20d INJUR		PLACE OF INJURY			y ar lawn)		(County)		(State)
MEDICAL	Hour a m.	19	While	Not while of work	factory, street, affic	e bidg., etc	:.)					
2					1 !	11 20	F	100.0	7 £ 10	/	. /15 /	
		A .		the deceased from								
	saw the deceas	ed alive on	nus cr	19.61, and that	death accurre	d at T()	: Militram	the causes	and an 1	he date	statec	b DATE
	220 31011ATORE	8.11	200	0	M D. ATTENDIN		ED	STAFF PHYS	Man	1 10		SIGNED
	22c. PHYSICIAN'S	3 101	COON	uu.	M D. FHYS		IRECTOR L	FRIS [may	1, 1	YOT	
	NAME (Type)	Louis R. Sc	hoolmar	M D			ouse !	Ave., Fr	ed. M	d.		
=				NAME OF CEMETERY		FATTU		ATION (City, tow			If had	
23	REMOVAL (Specify)								n, at caent		(Stat	,
2	Burial FUNERAL DIRECTOR'S	May 2, 1	. AOT 17	Mount Olivei	c cemeter	4	D BY REGIS	ederick	GISTRAR'S	are or a	<u>vlanc</u>	1
14			lana Tana		was J o w d	DATIMA			rthun &			
	M. A. Buch	itson and a	on, rre	ederick, Mai	ryrand	DAIEIN			Manney A	, / MARI	m	

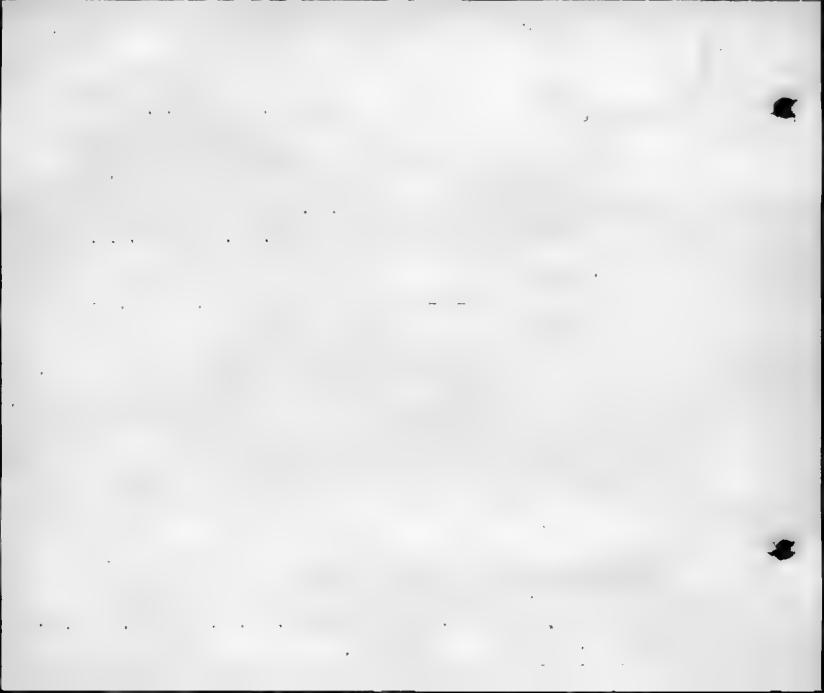


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY Frederick b. COUNTY Maryland Frederick CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town) RURAL and give negrest town) week Thurmont rura] Frederick d. NAME OF HOSPITAL (If not in haspital, give street address) STREET ADDRESS a. IS RESIDENCE ON A FARM? OR INSTITUTION 25 Frederick Memorial Hospital YES NO TO Middle Low 4. DATE Month Day Yeor Filled DECEASED OF DEATH Grace HAZEL LEUNS ADRII (Type or print) 1961 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours Female White DIVORCED 3 yrs WIDOWED TX papers. 12 CITIZEN OF WHAT COUNTRY? 10a USJAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Shoe Factory Maryland U.S.A. Employee pup pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 physician within Gilbert Odie Snook Peter remave IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Thurmont, Md. 220-03-3921 Nathan L. Lewis Νo attending please 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY THROMBOSIS down are IMMEDIATE CAUSE (a) **DUE TO** HEART DISEASE á HETERIOSELEROTIC Canditians, if any, which signed gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY cremation, PERFORMED? 1)IABETES MELLITUS YES NO attending 20a. ACC. DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate the burial, SD 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or lawn) Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) o. m While Not while p. m. at wark at work 19.6/. to _, 19_6. L, that (1) (we) rast 21. I certify that (I) (this haspital) attended the deceased from... 1967, and that death accurred at 250 M, from the causes and an the date stated above. saw the deceased alive an_ 22a SIGNATURE 22b DATE SIGNED FUNERAL DIRECT MED DIRECTOR ō 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Richard C. Reynolds Church St. Frederick. Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 23d LOCATION (City, town, or county) (State) page the Sk 11-16-67 Lewistown Cemetery Lewistown Fred. Coa Md. 0 25h REGISTRAR'S SIGNATURE ADDRESS 24 EUNERAL DIRECTOR'S, SIGNATURE 250 REC'D BY REGISTRAR DATE APR 1 7 '61 VR A15 (4) arthur S. Kraus Thurmont, (oreagen armon 15M 9/S9



certificate be

has



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

4285 CERTIFICATE OF DEATH

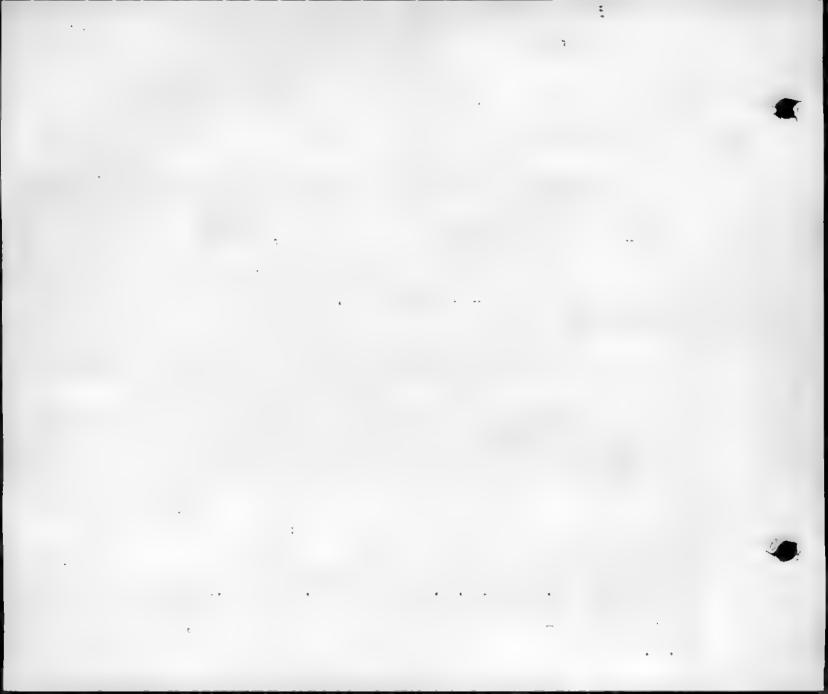
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ч	16 to 1.0 0 1				
	PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived. If institution b. COUNTY	Residence before admission) Frederick
/	b CITY OR TOWN (If outside corporate limits, wing RURAL and give nearest tawn) Middletown—Rural	Singe August-1960	c. CITY OR TOWN (If o	utside corporate limits, write RU	RAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospitol, give so the institution Valley View Nursing Home	treet oddress)	d, STREET ADDRESS 600-A	Taney Avenue	e. IS RESIDENCE ON A FARM? YES NO A
	3. NAME OF First DECEASED (Type or print) NORA	Middle EMMA	LIPPY	4. DATE Month OF DEATH A	pril 11, 1961
	77 7 - 377-44-	MARRIED NEVER MARRIED DOWED DIVORCED	9 Dec 1880	The state of the s	F JNDER I YEAR IF JNDER 24 HRS Months Days Hours Min
	10a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work	Own Home		or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRYS
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	Jeremiah Kelley		Margaret B	Burrall	
/	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) (If yes, give weir or dates of service)		NFORMANT LSS E. Louise	Lippy (Same as	
	PART I DEATH (Enter only one cause property of the cause	Septineraia.	ulær		Moutle
		ONS CONTRIBUTING TO DEATH BUT WWW. DESCRIBE HOW INJURY OCCURRE	vietes		N IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
		DESCRIBE HOW INJURY OCCURRE	D (cuser noture or injury in i	ron i or ron i or nem ro.)	
	Hour om	20e PL Not white Not work 1	ACE OF INJURY (Home, farm ctory, street, office bldg, etc.	20f (City or town)	(County) (State
	21 I certify that (I) (this haspital) at saw the deceased alive an		death accurred 3:05	M, from the causes and	1961, that (I) (we) last an the date stated abave 220 DATE
	22c PHYSICIAN S	onco,	M.D. ATTENDING A MI PHYS. A DI 22d. ADDRESS	ED. STAFF PHYS.	13 Apr 1961
	James B. Thor	mas, M. D.	_	ket St., Frede	rick, Maryland
	23a BUR AL CREMATION, 23b DATE THEREOF BREMOVAL (Specify) 11-15-61	23c NAME OF CEMETERY O		23d LOCATION (City, town, or Frederick, Ma:	
	24 FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son,	ADDRESS	250. REC'	D BY REGISTRAR 256 REGIS	TRAN'S SIGNATURE

TO HOSPITAL OR ACCENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after 20th. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Content page 3 should be detached for use as the burial-transit permit. Then please remained regions and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death VR A1S (4) 1SM 9/59

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

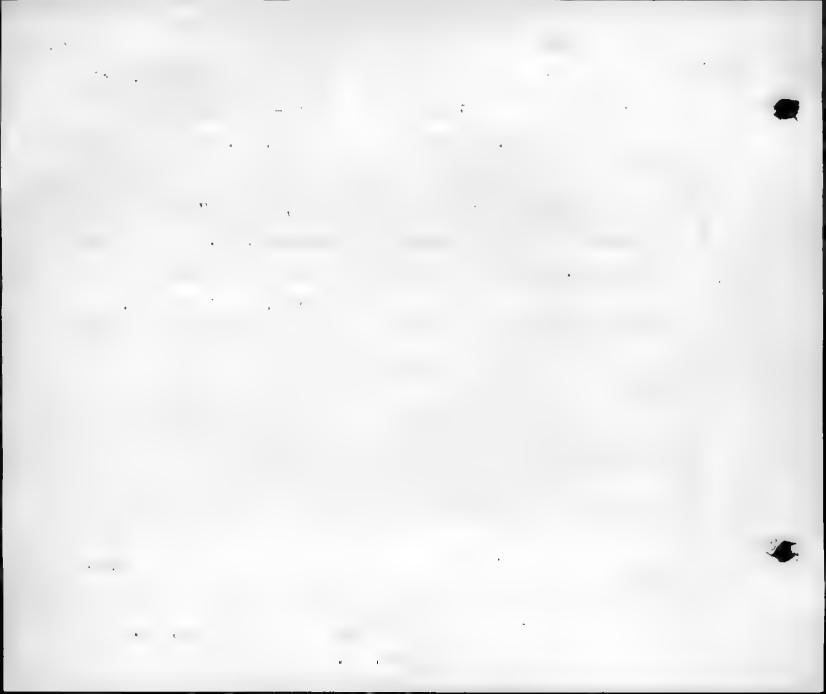
01020

	4286	CERTIFICAT	E OF DEATH	02273
ľ	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If inst	
	o. COUNTY Frederick	MARYLAND	Maryland b cou	NTY Frederick
ľ	b. CITY OR TOWN (if outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, wr	ite RURAL and give nearest town)
	RURAL and give neorest fown) Frederick	1 day	Rural- Bartholow	5
l	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	et oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Ц	Frederick Mem.	Hospital	RFD #1, Mt. Airy	YES NO
Ī	3. NAME OF First DECEASED	Middle	Last 4. DATE	Month Day Year
	(Type or print) Mary	Evelyn Zu	Igenbeel DEATH AD	1/ 12 1961
		RRIED NEVER MARRIED B	DATE OF BIRTH 9 AGE in ye	oy) Months Doys Hours Min
	Female White WIDON	WED DIVORCED		yrs Montas Odys Hours Anni
	10a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUST	TRY 11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife	Own Home	Kemptown, Md.	USA
Ü	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
'	Franklin G. Burke		Lillie Jane Hart	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? It [Yes, no. or unknown) [1 (If yes, give war or dates of service]		FORMANT	Address
Į	No	none H	arry Adams, Baltimore	e, Md.
	18 CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c)]	,	INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY.	erebral h	emorhage	12hr.
1	DUE TO	11		
1	Conditions, if ony, which) (b)	typelensing	- vascular disas	e syst
	gove rise to immediate couse (a), stating the under-	01		
	lying couse lost.) (c)	_		
1	PART II. OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORMED?
1	The same of the sa	CORNE HOM BUILDY OFFICER	JE a London Destitue Partitue IP	YES NO []
	OR CONTRIBUTING CAUSE OF DEATH	EZCKIRE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part II of item 18	1
1		fact	CE OF INJURY (Home, form, 20f (City or town) ory, street, office bldg., etc.) !	(County) (Stote)
	Hour a.m. p.m 19 Whi	ie indi while	or, and one order	
	21 I certify that (I) (this hasgital) after	nded the deceased from	Spril 12 1961 10 lepor	12, 1961, that (I) (we) last
	saw the deceased alive an And	12 1966, and that de		s and an the date stated above
	220. SIGNATURE	/	ATTEMPING (ATT	22b, DATE SIGNED
	Henry V, Cl	rase N	A D PHYS. MED. STAFF	april 13,196
	22c PHYS CIAN S NAME (Type)	11	22d. ADDRESS	5
	Henry V.	, chase	4 E. Church J.	t redevice, Mk
	23a BURIA , CREMATION, 23b. DATE THEREOF	23¢ NAME OF CEMETERY OR		with or county) (State)
	Burial 4/16/61	Morgan Cha		, Md.
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REG STRAR'S SIGNATURE CLATHER & THOMA
	Clim of. 10 lesunt	Damascus,	Ma. DATE 18 61	The second of the second

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the translaterator, page 3 shau, d be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death TO HOSPITAL OR A VR A1S (4) 15M 9/59

EVENTING PHYSICIAM: The law requires that the death certificate be exacuted within 211 haurs after

oth. Page 4



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND **CERTIFICATE OF DEATH** 4227 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Frederick g. STATE Maryland Fraderick MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c .CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Lifetime Fraderick Frederick d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 21 Winchester Street 24 Winchester Street YES NO IN ond 3. NAME OF Middle 4. DATE Last Month Year Day DECEASED Martha April 8, 1961 (Type or print) Halan Fuhn 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours WIDOWED TO White DIVORCED I Female off popers. 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Frederick County, Maryland U.S.A. Housewife 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ē. g physician remave a George William Smith Martha Foreman 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address attending 219-07-11/2 Mr. Charles B. Luhn Frederick, Maryland Ma please INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** or sclaveis Conditions, if any, which permi gave rise to immediate DUE TO cause (a), stating the underlying cause last. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO IT 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INITIRY Month, 20e, PLACE OF INJURY (Hame, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or lown) (County) (State) factory, street, affice bldg . etc.) Hour a.m. While Not while at work at work p. m ___ 19 6 _, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram..... 19 (e), and that death accurred at \$15 P.M. from the causes and an the date stated above saw the deceased alive an 22a. SIGNATUR SIGNED TO FUNERAL DIRECT
page 3 should be di ATTENDING Amc 10, 61 PHYS M D DIRECTOR -22c PHYSICIAN 22d. ADDRESS NAME (Type Dr. R. L. Michels Frederick Shopping Center Frederick, Md. 230 BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) REMOVAL_(Specify) Burial 4-11-1961 Mt. Olivet Cemetery Frederick, Maryland 25h REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR R 1 2 '61 Frederick, Maryland Chillian S. Thouse DATE 1SM 9/59

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certificate has been si

MARYLAND STATE DEPARTMENT OF HEALTH



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	₩ 60 F ()					Tr C St T						
Ī	PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESID		ere deceased lived. If institution Resi aryland b. COUNTY F	dence before admission) rederick						
↟	b CITY OR TOWN (If outside corporate limits, wri	ie c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If o	utside corporate limits, write RURAL o	nd give nearest town)						
	RURAL ond give negrest town) Frederick	3 Years	1)	Fred	erick							
	d. NAME OF HOSPITAL (If not in haspital, give str OR INSTITUTION Montevue	reel address)	d. STREET AL		arroll Street	ON A FARM? YES NO A						
3	NAME OF First	Middle	Lost		4. DATE Month	Day Yeor						
	DECEASED (Type or print) JOHN	WILLIAM	MAY		DEATH April	11, 19 61						
S	SEX 6 COLOR OR RACE 7 N		B. DATE OF BIRTH		9. AGE (in years IF UNI	DER TYEAR IF UNDER 24 HRS						
L	M14420		Jan. 2,		0.3 yrs							
10	 USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired) 	10b. KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPL			CITIZEN OF WHAT COUNTRY?						
	Laborer	Farm		Mar	yland	USA						
13	FATHER'S NAME		14 MOTHER'S	MAIDEN N	AME							
	William R. Ma	ay		Lav	ra Ambrose							
15	WAS DECEASED EVER IN U. 5 ARMED FORCES?		FORMANT		Address							
b	(es, no, or unknown) [If yes, give wor or dates of service]	219-05-5329A Mr	. Carl C	. Мау	-R.F.D.#7, Freder	ick, Maryland						
Г	18. CAUSE OF DEATH [Enter only one couse po	er line for (o), (b), and (c).]		0	-	INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: Myocardial Sufact 10 mill.											
	LICIO I DUE TO	1		-1/-								
ı	Conditions, if ony, which)	U										
ı	gave rise to immediate											
ı	cause (a), stating the under-											
١,	lying couse last.) (c)	AND CONTRIBUTION TO DESTRUCT	NOT DELATED TO	THE TERM	NIAL DISEASE COND TION CIVEN IN	PART 1(6) 19 WAS AUTOPSY						
FECATION	PART 1. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE CONDITION GIVEN IN	PERFORMED?						
CEPT E		DESCRIBE HOW INJURY OCCURRED). (Enter noture o	finjury in l	Part I or Port II of item 18.)							
1	20c. TIME OF INJURY Month, Day, Year 20				, 20f (City or tawn)	(Caunty) (State)						
MEDICAL	Hour a.m. p. m. 19 at	hile Not while fact	tary, street, affice	bldg , etc.								
	21 I certify that (I) (this haspital) att		ILOY		- //	96, that (I) (we) last						
	saw the deceased alive an all	10 19 6 , and that de	eath accurred	d at 7A	M, from the causes and an	the date stated above						
	220 SIGNATURE ATRICLE		ATTENDING	G_ser MI		4/12/6 X DATE SIGNED						
	22c PHYSIC AN'S		22d ADDRE			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	H. F. Kline	M.D.	Nor	th Mai	rket St., Frederic	ck, Md.						
2	30. BURIAL, CREMAT ON, 236 DATE THEREOF REMOVAL (Specify) Apr. 13.196	23c NAME OF CEMETERY OF			23d LOCATION (City fown, or coun	Maryland						
	"Burial" Apr.13,196		decery		Lewistown,							
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			D BY REGISTRAR 256 REGISTRAR'S	SIGNATURE						
	M. R. Etchison & Son. F:	rederick. Marvlan	nd	DATE AD	D 1 4 261 Chilling	8 Hours						

TO HOSPITAL OR ANSTONING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after the page 4 may be retrimed. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the it-weral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

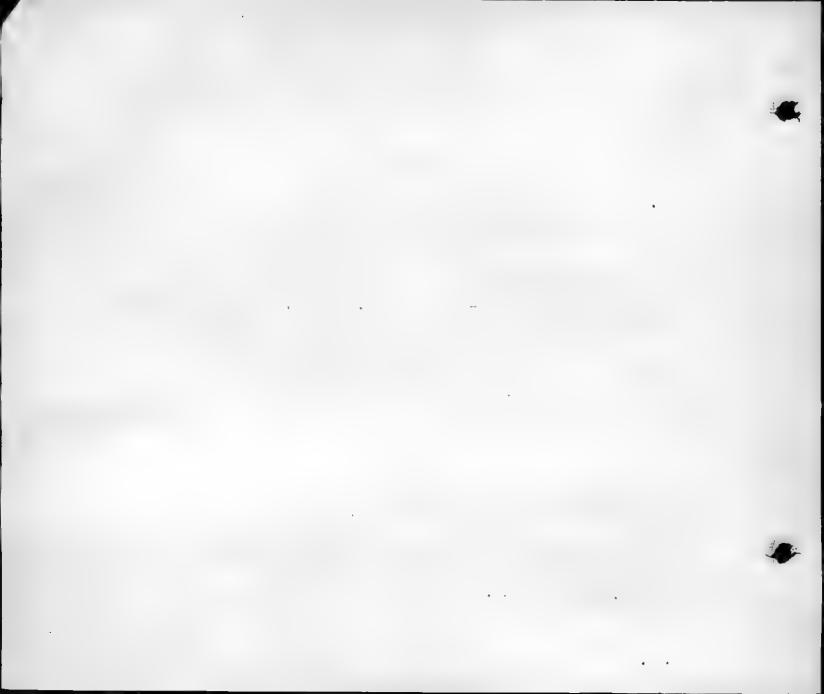
VR A1S (4) 1SM 9/59 ZENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after

TO HOSPITAL OR A

VR A1S (4) 1SM 9/59

oth. Page 4

L	14.	603	T	CERTIF	ICA	IE.	. /	AID	via.				()	_
1, P	LACE OF DEATH	7	1.000	1 9 x 1 1 m - G	200	2. U	SUAL RESIDI	ENCE (Whe	re decease			n: Residence	e before odm	ission)
°	. county Frede	miok		MARY	LAND	0	STATE	arvla	nd	b. C	OUNTY	Frede	rick	
b	. CITY OR TOWN (If out	side corporate limi	ls, write	c. LENGTH OF STAY	IN 16	c.				orate limits,	write RU	RAL and gr	ve negrest to	wn)
	Middletown					10	Fre	ederi	ck					
d	NAME OF HOSPITAL (I	If not in haspital, g	jive street	address}		, 0	. STREET AD						e IS R	A FARM?
1	alley View	Nursing	Home			# 2	Phi Di	ll Av	enue					□ NO <u>68</u>
3 N	IAME OF DECEASED	Fir		Middle			Last		4. DATE OF		Montl		Day	Yeor
	Type or print)	ERNES	T	LINWO	OD		MYERS		DEATH	1	Apri		27	19 61
S. S	EX 6	COLOR OR RACE	7. MARE	IED K NEVER MARRIE	D 🔲	8 DAT	TE OF BIRTH			9 AGE (I			YEAR IF UN	
	Male	White	WIDOWI				ne 24,	1873		87 8	187 yrs		Days Hou	
10a	USUAL OCCUPATION (during most of working	Give kind af work life, even if retired	dane 10b.	KIND OF BUSINESS O	R INDUS	TRY	11 8IRTHPLA	CE (Stote o	or fareign (country)		12. CITIZ	EN OF WHA	T COUNTRY?
1_	Contractor	1		Builder				yland					USA	
13.	FATHER'S NAME					14.	MOTHER'S	MAIDEN N	AME					
1	Mahlon I	uther My	ers					tha V	irgin	nia Le				
	WAS DECEASED EVER IN	U. S. ARMED FOR		SOCIAL SECURITY NO	. 17, IN	IFORM	AANT			14	TIP OF	edge :	Road	
, , ,	No	9.4 .4. 5. 44. 5.		20-16-1404A	Mr	'S.	Helen	M. A	ldrid	lge Ca	tons	ville	, Mary	land
	18. CAUSE OF DEATH	Enter only one co	use per li	ne far (a), (b), and (c).					,				INTERVAL	
	PART I. DEATH	WAS CAUSED 8Y: MEDIATE CAUSE (c	Gen	reralized	+0	14	rio S	clos	1-1 10	u			ONSET AL	NO DEALL
	4 1,0	DUE TO	- /			<u> </u>								
	Conditions, if ony,	. Atak X	Person	resture H	eny	۷,	Laile	20						
	gave rise to imme	adiote (Due To		12-1-1-1	2007	Ø	222	~						
	cause (a), stating the lying cause lost.	under-	1	nemia	,									
Z	PART II. OTHER S	SIGNIFICANT CON		CONTRIBUTING TO DE	TUB HTA	NOT	RELATED TO	THE TERMI	NAL DISEA	SE CONDIT	ION GIVI	EN IN PART	1(o) 19. WA	S AUTOPSY
ATIC		Rectal	GI	Scess (c	trai	uni	4							FORMED?
DI AL	20a. ACCIDENT WAS U	NDERLYING	20b. DES	CRIBE HOW INJURY O	.		11	injury in f	art Lor Pa	ort II of ilen	n 18)			
CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH DICAL EXAMINER)												
₹ S	20c. TIME OF INJURY	Month, Doy, Ye	or 20d I	NJURY OCCURRED			F INJURY (H			ty or town)		(C	ounty)	(Stote)
MEDICAL	Hour o.m.	19	While at war	k Nat while	Test	ciory,	street, office	biog, eic	1					
	21 I certify that (I) (this hospita	I) attend	and the deceased	fram	an	by 20	19	1/. 10	apr	7 7	. 196	/, that (I	(we) last
	saw the deceased	- June	12/2	6_196/ and	that d	leath	occurred							
3	22a SIGNATURE	dive dit.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11101 0	20011	0.00,,,00							22b DATE
	Y	Elm	11	Harp		M.D.	ATTENDING PHYS	₩ ME	RECTOR [STAFF PHYS		pril	28,196	SIGNED
	22c. PHYSICIAN'S / NAME (Type) / The						22d ADDRE							
	J. E	lmer Harp	M.D.				Mid	dleto	wn, l	Maryla	and			
230	BUR AL, CREMATION,	236 DATE THERE)F	23c NAME OF CEM	ETERY O	R CRE	MATORY		23d LOC	ATION (City	y, lown, c	or county)	(\$	itote)
	REMOVAL (Specify) Burial	1/29/196	1.	Mount Oli	vet	Cen	neterv		Fred	lerick			Marry 1	and
24	FUNERAL DIRECTOR'S SI	7		ADDRESS				250 REC'I	D BY REGI	STRAR 2		STRAR'S SIC		
	M. R. Etchi	son and	Son.	Frederick.	Mar	vla	and	DATE	Y 1 '	61	Cla	Thur S.	Trans	

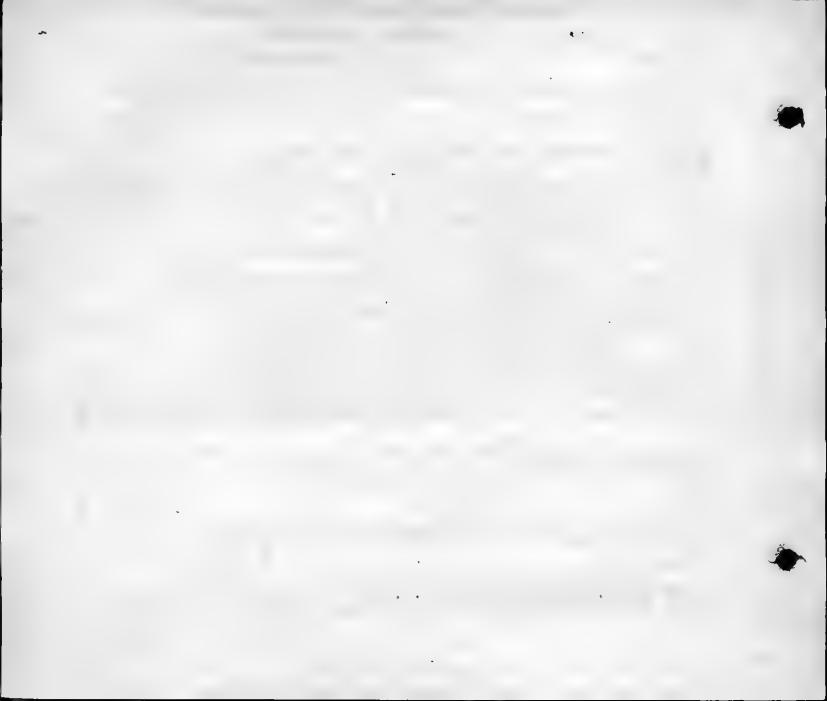


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND										
7290 CERTIFICATE OF DEATH	04283									
1. PLACE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, if institutions R	es denca bafora admission)									
a. COUNTY Frederick . STATE Maryland b. COUNTY Fre	deriek									
b. CITY OR TOWN (if outside corporate mits, write RURAL and give neerast town) b. CITY OR TOWN (if outside corporate mits, write RURAL and give neerast town)	give neerest town)									
Brunswick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	. IS RESIDENCE									
535 Brunswick Street 535 Brunswick Street	ON A FARM? YES NO 何									
3. NAME OF First Middle Last 4. DATE Month OF OF	Day Year									
(Type or print) James B. Myers Sr. DEATH 4 23	19 6 I									
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If UNDER 1										
Male Walte widowed Divorced 5-20-1005 15 yrs.	Days Hours Min.									
done during most of working life, even if retired	ZEN OF WHAT COUNTRY?									
Retired Locomotine Engineer B. &. O Maryland U.S	3.A.									
13. FATHER'S NAME										
James B. Myers 15. WAS DECEASED EVER IN MED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT MED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT										
(Yes, no or unkown) (Hyero, vewaror, detes of service) No. Zula Myers, Brunswick, Mai	here free									
	I INTERVAL BETWEEN									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH									
17 1 (), DUE TO										
conditions, it only, which) (b) Anterior cheart of least of least	10 pro.									
gave rise to Immediate cause	0									
(a), steling the undarlying cause lest.										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY									
	YES TO NO L									
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I of Part II of Itam 18.)										
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)										
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Court Mour a.m. While Not While at work at work at work	nty) (State)									
Hour a.m. While Not While factory, street, office bldg., etc.]										
21. I certify that (I) (this hospital) attended the deceased from	, that (I) (we) last									
saw the deceased alive on										
22e SIGNATURE	22b. DATE									
M.D. ATTENDING MED STAFF PHYS. DIRECTOR PHYS.	4-24-11									
22c. PHYSICIAN'S	1 4-41									
NAME (Type)										
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county	(Stele)									
Burial 4-25-1961 Saint Marks Petersville, Man	ryland									
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS , 250. REC'D BY REGISTRAR 256. REGISTRAR'S										
Lee Foots Brunswick, Maryland DAN APR 26'61 Carling &	SIGNATURE									
	SIGNATURE									



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



may be retained the hospital or attending physician. TO FUNERAL DIRE FOR After this certifical les been signed by the attending physician and completely filled in by the content page 3 should be detached for use as the burial-transit permit. Then please remave cerbes papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. death. Page 4 464 TO HOSPITAL OR ANTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after

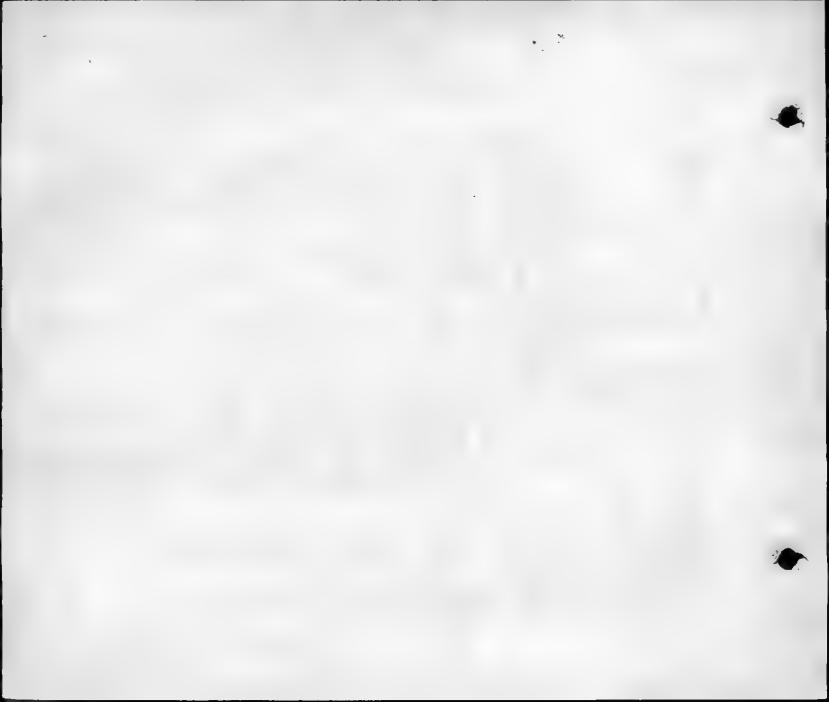
VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4293

CERTIFICATE OF DEATH

Reg. Dist. No. 114285

-										***************************************				
1.	PLACE OF DEATH	ederick		MARYLAI	11 0	STATE	ere deceased	b. COUNTY	oni Residen	ce before adm	issian)			
	b. CITY OR TOWN I	If autside corporate limi	ls, write	c. LENGTH OF STAY IN	1b c.	c. CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town)								
	RURAL and give n	eorest town)		pm 1	W.	D. J.	. 1	1 . /.						
	-J.7. 42	21 TICR		5 delig	7 6	Kurch	, U	acceden	Cxxxx	til.				
	d. NAME OF HOSPI	TAL (If not in hospital, g	ive street	oddress)	d	STREET ADDRESS	/				A FARM?			
1	7)	H	- 17	- 10 J. F.							21-No [7]			
E		Rugaras	T.	3.1. 1.1.1.	H E		T. S.							
3.	NAME OF DECEASED	Fir	il .	Middle	-43	Los?	4. DATE OF	Mon	th	Day	Yeor			
Ł	(Type or print)	HARAV		EDGAR	NAM	15 BIL RG	DEATH	aller	t.	4	1941			
5.	SEX	6. COLOR OR RACE	7 MARE	HED TO NEVER MARRIED	B. DAT	E OF BIRTH		9. AGE (In years	IF UNDER	TYEAR IF UN	DER 24 HRS.			
	722	W					7° 1	last birthday)	Months	Days Hour	s Min.			
_			WIDOWI			7 30017 7 17	77	7 6 yrs.						
10	. USUAL OCCUPATION	ON (Give kind of work i king life, even if retired	dane 10b.	KIND OF BUSINESS OR I	NDUSTRY 1	1. BIRTHPLACE (Stote	or foreign c	puntry)	12 CI1	IZEN OF WHA	AT COUNTRY			
			-	Tours		Mari, t.	/			11.5.6	7			
12	FATHER'S NAME	ill b	1.4	-no frame	114	MOTHER'S MAIDEN N	14145	*		11. 9.1/1				
113	TAITIER S CIAME			4	14	MOTHER S MAIDEN A	NAME.							
	marsh	ari O. Na	uns	buser		Mirel El	مسرارون كأر	Cale						
15.			CES? 16.	SOCIAL SECURITY NO.	17. INFORM			Add	ress					
ĮΥ	Is no or unknown)	Jif yes, give war or dates of s	ervice)		721	11 1) ,		1 44	+ ' 4	13 1. 1			
	1-4				11/1/10	HUERU J.	ines s	they be	1116	21246.	11 11			
Г	18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (a). (b). and (c)		19				INTERVAL				
	PART I. DEATH WAS CAUSED BY: Johan programating, multiloling										ONSET AND DEATH			
	110-	IMMEDIATE CAUSE (o	1——HI	trar pneur	VALOUIA	OS TYVINOS	LALLOUT	4		0.9%	4			
	4/90	DUE TO		1							U			
	Canditions, if a	ny, which) (b	,											
	gave rise to	mmediate (nus 70												
П	couse (a), stating	the under-												
1_	lying couse last.	,) (c)											
Ó	PART II OT	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH	BUT NOT R	ELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 19. WA	S AUTOPSY FORMED?			
13	arte	walk mis	Clu	timarion	VILLERA	et Congest	we la	a & fre	lura		NOIT			
ΙĔ	20g ACCIDENT W	AS UNDERLYING	20h DES	CRIBE HOW INJURY OCC	IRRED (Fet	e noture of injury in I	Port Loc Por	I II of item 18.1						
CERTI	FOR CONTRIBUTING	CAUSE OF DEATH			Division (anno									
	(IF ETHER, NOTIFY	MEDICAL EXAMINER)												
MEDICAL		RY Month, Day, Ye	20d II	NURY OCCURRED 20	e. PLACE OI	F INJURY (Hame, farm	20f. (City	or lown)	(4	County)	(State)			
Ü	Hour o. m.	19	While	Not white	loctory, s	treet, office bidg., etc.	-11							
3	p. m.		or wor	k ot wark		1 .	1 / / /							
н	21. I certify the	nat liattended the	deceas	ed from	15	, 19 <u>.50</u> , to	419		that I	last saw th	e decease			
н	alive on	4.1	10	al, ond that de	hath accu	read of 230	A M from	n the causes o	ad an i	ha data sta	and alcass			
	unve on	1-1-3	1	exi ond mor de	atti occo						DATE SIGNE			
			2/			1 . 1 6	UDDKE33 (3)	treel, city or lawn,	andre)		DATE SIGNE			
П	ACTUAL SIGNATURE	*anania :	Kin	111 -	M.D	L/a/a	RODA DI	14.2.17	11	4 5	a./			
		2	Z Smi	-				,		7 .				
L	PHYSICIAN'S NAME (Type)	AWES	<u>.</u>	STONER,	JR.						· · · · · · · · · · · · · · · · · · ·			
22		ON, 226. DATE THEREC)F	22c NAME OF CEMETE	RY OR CREA	MATORY	22d LOCA	TION (City, town)	or county)	(\$1	ate) ,			
	REMOVAL (Specify	april 6	1961	Dut Glier	+		70	ALZECK.		>	111			
22	FUNERAL DIRECTOR	-	1151	ADDRESS			D BY BEGIES		STRAR'S SI	CNATHOE	161 4			
43	AN 2 TT	4.	1.4.5	11.	4		D BY REGIST			4 -				
	7 6/15	27212:	ll a	Mezzulle	111	DATE AP	R 7 '6	C'A	sun S.	Thomas				



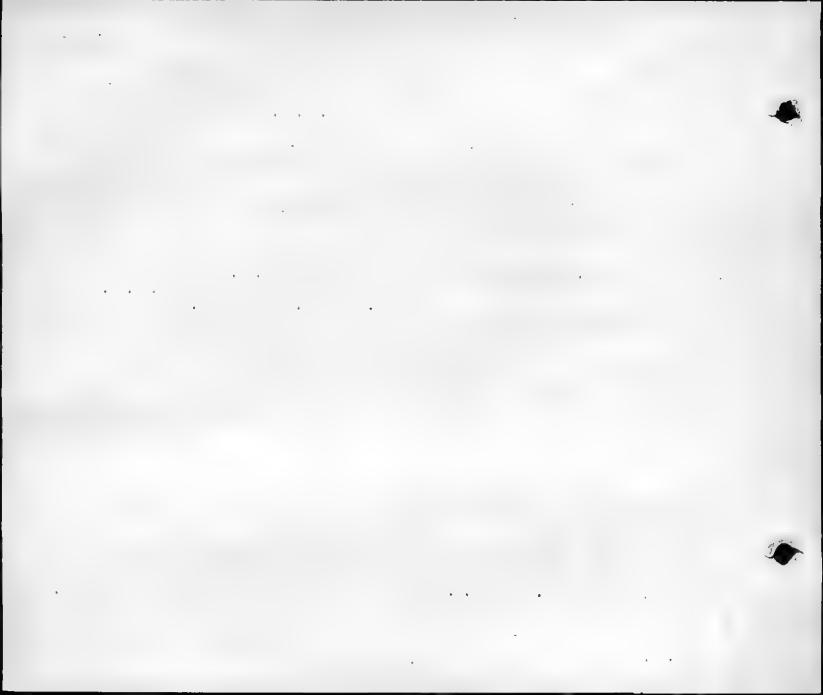
VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

7,200

04980

Δ.		4600										UKA		
	PLACE OF DEATH					2 USUAL RESID	ENCE (Wh	ere decease			on: Reside			or)
Y	Frederick				LAND	Maryland Frederick								
Г	b CITY OR TOWN (c. LENGTH OF STAY	IN 16	c City OR TOWN (If outside corporate units, write RURAL of					URAL ond	and give nearest town)				
1	RURAL and give n		A B.	er 1D.	#1	Thurs	ont							
ŀ	d. NAME OF HOSPITAL (If not in hospital, give street address)					R. F. D. #1, Thurmont							e. IŞ RES	IDENCE
ŀ	OR INSTITUTION	OR INSTITUTION				Utica							ON A FARM? YES V NO	
E	Frederick Memorial Hospital						C1Ca.	4. DATE						
3	NAME OF DECEASED	Fir	st	Middle		Last	Last		Mo		ith	Day	y	Yeor
l	(Type or print)	MEHRL		HENCH		RAMSBU	RG	DEATH		_Apı	cil_	2	6	19 61
1	SEX	6. COLOR OR RACE	7- MARI	RIED NEVER MARRIE	D 8.	DATE OF BIRTH			9. AGE	In years irthdoy)				ER 24 HRS
ı	Male	White	WIDOW	ED TO DIVORCE	N	ovember	17.	1896		21 Aur	Months	Days	Hours	Min.
1		ON (Give kind of work	done 10b.	KIND OF BUSINESS O							12 CI	TIZEN OF	WHAT	OUNTRY?
ı	during most of wor	king life, even if retired)	- "-								TTCA		
ŀ	A FATHERICA MARKET						rylan			USA				
ľ	3. FATHER'S NAME					14. MOTHER'S			-					
L		am S. Ramsb		Clara A. J. Stup										
	S WAS DECEASED EVI (Yes, no, or unknown)	ER IN U.S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO	, 17, INF	DRMANT				Adj	Pess F.	D. 7	#1,	
I	No	(i.) on give not or construct			Mr.	Mehrl	H. Ra	msbur	g Jr	7	hurm	ont.	Mar	yland
F	18. CAUSE OF DE	ATH [Enter only one co	iyse per	me for (o)? (b), and (c).			1					INTE	RVAL BI	ETWEEN
ı		ATH WAS CAUSED BY:		11/1-	-/	-0	1		1	_		ONS	ET AND	DEATH
ı	2201/	IMMEDIATE CAUSE (c	1	More	Chypru		Man		m	P		-	6_0	Luga
l	3 3 0 X DUE TO													
ı	Conditions, if ony, which) (b) Carebral arlanoullessin dyna													
ı	gove rise to immediate DUETO													
ı	lying couse lost.) (c	:1											
ł	PART II. OT	HER SIGNIFICANT CON	-	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THETERMI	NAL DISEA	SE CONDI	TiON GI	VEN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
l	PART II, OT												_	DRMED?
ı	U ACCIDENT W	AC INDENIVING CI	206 055	CRIBE HOW INJURY O	CCUPPED	/Enter nature of	i andrews on I	Part Lar Pa	et il of de	m 1R 1			,	1 110 103
ı	OR CONTRIBUTING	CAUSE OF DEATH	200 063	CKISE HOW INJURI O	CCOKKED	(Dile) notice o	injory in	1011 1 01 10	11 11 01 110	,				
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or lown) (County)														
									(County)		(Stote)			
l	Õ Hour o.m. p m	19	While of wo			.,,,	5.0g., 5.0	"						
l		(I) (II) (II) I II	13		C	more	10	56 ta	as	12	4 10	61 4	-4 /15	(we) last
ı		at (I) (this haspita	orteni	dea the deceased	Trom	<u> </u>			0					
1	saw the deceased alive of part 26_19 led, and that death accurred at 3:25% Wram the causes and an the date stated above													
l	220 SIGNATURE ATTENDING MED STAFF									/-	b. DATE SIGNED			
l							MD PHYS. DIRECTOR PHYS April 26,1961							
ı	72c PHYSICIAN'S NAME (Type)	/				22d. ADDRE								
ı	Trans (type)	Henry V.	Chase	e M.D.		4 Ea	st Ch	urch	Stre	et, l	rede	rick	, Mc	
Ė	23o BURIAL CREMATIO	ON, 236 DATE THEREO	OF.	23c NAME OF CEM	ETERY OR	CREMATORY		23d LOCA	AT ON (Ci	tv. town.	or county)	1	(Sto	(e)
	REMOVAL (Specify	1		1										,
1	Burial	1,/29/19	δL	Mount Ol	TAGE	cemeter		D BY REGIS	eric		ISTRAR'S S		ylan	d
ľ	24, FUNERAL DIRECTOR		0		2.5									
	M. R. Lito	chison and	on,	Frederick,	Mary	Land	DATE M	Ai i	'61		lithur.	d. The	aud.	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4294 CERTIFICATE OF DEATH Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed MARYLAND CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 OR TOWN (If gutside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) d. NAME OF HOSPITAL (If nat in haspital, should e. IS RESIDENCE give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO P è c NAME OF 4. DATE Middle Manth Year Inst Palifi DECEASED (Type or print) DEATH 1960 IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE MARRIED NEVER MARRIED 9. AGE (In years campletely lost birthday) Months Days DIVORCED | papers. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY during mast af warking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? pup rbon 13. FATHER'S NAME physician 500 remaye WAS DECEASED EVER IN U. S. ARMED FORCES? 6. SOCIAL SECURITY 2 attending please 18. CAUSE OF DEATH [Enter only one cause per_line for {a}, (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (State) (Caunty) factory, street, affice bldg., etc.) Hour a m. While Not while at work at work p. m. 21. I certify that I ottended the deceased from 1961, that I lost sow the deceased alive on 6 , and that death occurred at // M. from the couses and on the date stated above. ACTUAL SIGNATURE prior PHYSICIAN'S NAME (Type) 220, NAME OF CEMETERY OR CREMATORY (State)

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Curhay S. Thomas

UNERAL DIRECTOR



TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY FREDRICK MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give naerest town) c. LENGTH OF STAY IN 16 THURMONT

d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva streat address) 3. NAME OF Middle DECEASED (Type or print) DEATH THONY SCIBENOUR 5. SEX AGE (In years | IF UNDER 1 YEAR last birthday) and WIDOWED [physician 1De. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 13. FATHER'S NAME attending pl 16. SOCIAL SECURITY NO.: 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) LEON RIDENOUR, 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] MENINGOCELE HYDROCEPHALUS IMMEDIATE CAUSE (e) DUE TO Conditions, Fany, which (b) gave rise to immediate cause DUE TO (a), stetling the underlying PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) factory, street, office bldg., atc.) While _Not While Hour a.m. et work et work saw the deceased alive on X .. 22d. ADDRESS

VR A15 (4)

FUNERAL DIRECTOR'S SIGNATURE

ON A FARM? YES NO

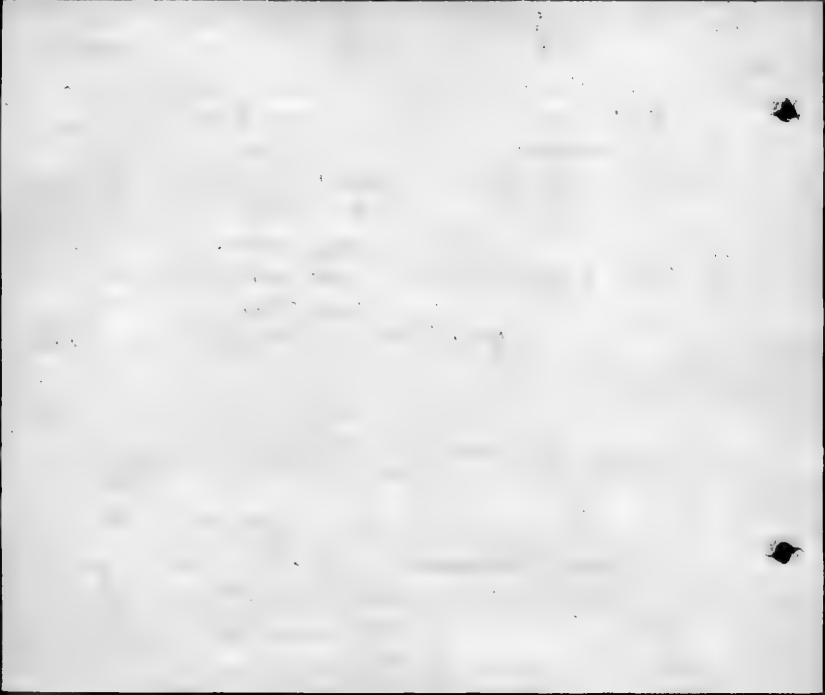
19 6/

IF UNDER 24 HRS.

PERFORMED? NO a

(Stata)

22b. DATE SIGNED



VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY				****	2. USUAL RES	IDENCE (Wh	ere deceased	lived. If instituti	on Residen	ce before odi	mission)
F	rederick			MARYLAND	O. SIAIL	Maryla	and	b. COUNTY	Free	derick	
b. CITY OR TOWN (If RURAL and give ne	outside corporate limit	ts, write	c. LENGTH OF	STAY IN 1b	c. CITY OR	TOWN (If o	utside corpor	ote limits, write R	URAL ond	give nearest t	own)
Rural Fr	<u>ederick-R</u>		6 yrs		1-3	Rural	Frede	rick- Ro	ute 4		
d, NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street o	ddress)		d. STREET	ADDRESS				10	RESIDENCE N A FARM?
3. NAME OF DECEASED	Fir	si	N	Aiddle	Lo	raci	4. DATE	Mor		Doy	Yeor
(Type or print)	Josephi.	ne S	cott R	ogerso	n.		DEATH	April	17		19 61
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER A	AARRIED 🔲	B DATE OF BIR	TH	5	9 AGE (In years lost birthdoy)	Months	Doys Hou	
Female	White	WIDOWE		ORCED	Dec. 2	/)	91 yrs.		5073	196467
10a. USJAL OCCUPATIO during most of work	N (Give kind of work of ing life, even if retired)	ione 10b. I	CIND OF BUSIN	ESS OR INDU	STRY 11. BIRTHE	PLACE (Stote	or foreign co	untry)	12. CITI		AT COUNTRY?
Retired	Housekeepe		Own Hom	ø	Ind	liana				U.S.A	
13. FATHER'S NAME					14. MOTHER						
Amos S	Scott				Mar	y Over	dorf				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR		OCIAL SECURIT	112	NFORMANT			Add			
No		2.	M=50-00	ען עססט	rs. G.G.	Gremi]	lli.on⊢	rederic	k-Md.	-Route	4
	TH [Enter only one co	use per Hin	(o) (b) ap	d (c) }	p que						BETWEEN ND DEATH
PART 1. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (o	<u>, O</u>	-301	Ince	-1					10'Y	use.
180	DUE TO	، ا	2.0	0 > 1	0		1.	1 1	1		
Conditions, if or		[X	Ina	l hu	opes	Ulm	-(K)	rolede	Ch .	(2	[?])
gove rise to in couse (o), stating t	nmediote (. D	- 0	1260					571	0
lying couse lost.) {c)	Tu	1726	WAR	ron	(A)			1/1/2	xar
PANT II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING	C PEATH BUT	NOT TELATED T	O THE TERM!	NAL DISEASE	CONDITION GIV	YEN IN PAR	T 1(o) 19 W.	AS AUTOPSY REORMED?
3	ulmay	caro	2 me	land	ands					YES	□ NO P
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESQ	RIBE HOW INSU	JRY OCCURRE	D. (Enter noture	of injury in F	Port I or Port	II of item 18)			
20c. TIME OF INJURY	Y Month, Doy, Yes		JURY OCCURRE	D 20e. PL	ACE OF INJURY	(Home, form	20f (City	or town)	{*	County)	(Stote)
Hour o.m.	19	While of work	Not while		ciory, street, offi	ce oldg., erc.	1				
21 I certify the	t (I) (this haspital	Lattend	ed the dece	nsed from	may	10	00 101	7 Gps	1 10/6	that (1) (we) last
saw the deceas	1./	נגדמו	7 2.5		death accurre			the causes ar			
220 SIGNATURE			1	did mark	Jedili Gocorre	o officia	art, Follis	ine couses ai		a date state	226 DATE
Charle	o HUD	lle	4	V	M.D PHYS		ED RECTOR	STAFF PHYS	180	garil	1 GIGNED
22c PHYSIC AN'S NAME (Type)			171		22d ADD	RESS			/	//	1-1-6-
INAME (Type)	Dr. Charle	s H.	Conley-	Jr.	Pro	fessio	nal Bl	dg Fre	ederic	k-kd.	
230 BURIAL, CREMAT O	N, 236 DATE THEREC	F	23c. NAME OF	CEMETERY C	R CREMATORY		23d LOCAT	ION (City town,	or county)	(1	Stote)
REMOVAL (Specify)	4-21-19	961	Crownla	and Cen	netery		Nobl	esville-	-India	ma	
24 FUNERAL D RECTOR	Funeral Ho	ome	Freder	ick- Ma	ryland	250 REC'I	D BY REGISTI	RAR 255 REG	STRAR'S SE	GNATURE	
By Elwar	d J. Whit	more				DATE A	PR 2 0 '	61	77	04	



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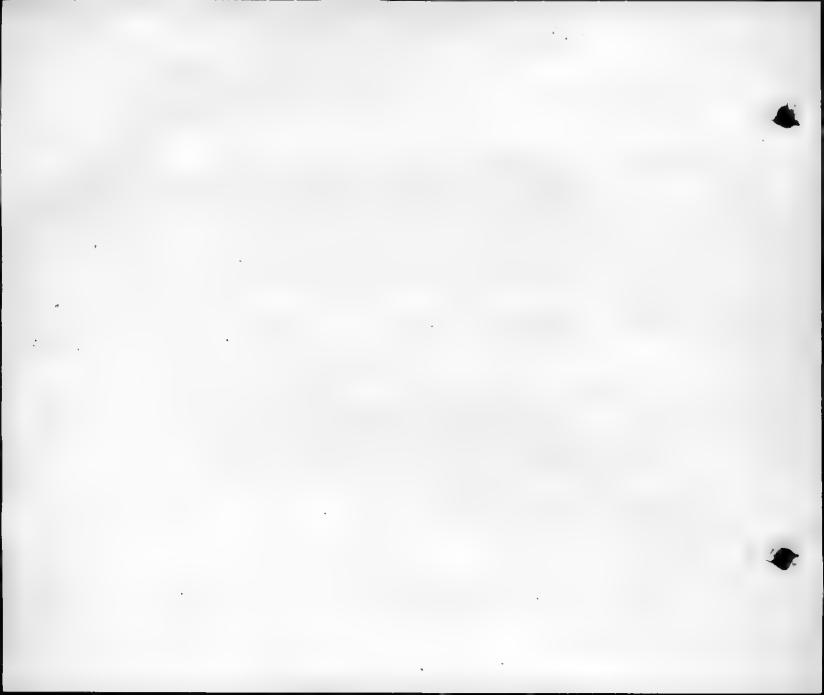
eoth Poge 4

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours ofter death. ing physician.

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5 TO HOSPITAL OF ARTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of	S> moy be retaine the hospital or ottending physician.	15	6€ page 3 should be detoched for use as the burial-transit p≡mit. Then please remove carbon papers. Pages 1 and 2 sh	
15	М	9/	59	

1. PLACE OF DEATH o. COUNTY			MARYLAND	2. USUAL RESIDE	ENCE (Where deced	sed tived. If institut 6. COUNTY			nission)
	erick				ryland		ederic		
RURAL and give n	If outside corporate limi earest town)	irs, write	c LENGTH OF STAY IN 16	CITY OF IC	OVIN (It outside cor	porote limits, write I	(UKAL and give	a nearest to	wn)
Rural Mid			50 years			dletown			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, s	give street	oddress)	d STREET AD	DORESS			B. IS R	RESIDENCE I A FARM?
						_		YES	M 100 🗆
3. NAME OF DECEASED		rst	Middle	Lost	4. DATE	E Mo	nth	Day	Yeor
(Type or print)	Theod	lore	Sylvest	er Rout:	zahn DEA	. T		2	1967
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	IF JNDER 13	YEAR IF UN	IDER 24 HRS
/ male	white	WIDOW	ED 🗗 DIVORCED 🗍	1/8/	1874	87 угз.		oys Hour	rs Min.
100. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLA	CE (State or foreign	country)	12. CITIZE	N OF WHA	TCOUNTRY
farm ow	ner	"	farm	Mary.	Land			II S	
13. FATHER'S NAME				14. MOTHER'S J					
John H.	Routzahr	1		Ida	Remsbur) p*			
15. WAS DECEASED EVE	ER IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			ress		
(Yes no, or unknown)	(If yes, give war or dates of t	service)	none Ri	chard T.	. Routza	hn, Mide	dletow	m. M	d.
18 CAUSE OF DE	ATH [Fater only one or	nuse per li	ne for (a), (b), and (c).	1	-			INTERVAL	
	ATH WAS CAUSED BY:	16	er allande	w 000	decentra.			ONSET AN	ND DEATH
4117	IMMEDIATE CAUSE (. 1	percenu	1 core	cco viga	ceru	-	7	400
173	DUE TO	· /	1 1	40 -	0				-
Conditions, if a)(au	seas	<u> </u>				
couse (a), stating		>							
lying couse lost.		c)							
PAIT H. OT	HER SIGNIFICANT CON	ID. TIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GI	VEN IN PART 1	(o) 19. WA PER	NS AUTOPSY RFORMED?
S C								YES	□ NO □
PART H. OT	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of	injury in Port I or I	Port (4 of îtem 18.)			
\$ 20c. TIME OF INJUI	RY Month, Doy, Ye	ar 20d I		LACE OF INJURY (H		lity or town)	(Cor	unty)	(State
20c. TIME OF INJUI	19	While of war	INDI WILLIE	octory, street, office	blag., etc.)				
				90012	1260 to	devil	2/ 20/21	1 15.00	
	CMIA		ded the deceased fram		A		V., 1961		
saw the decea	sed alive an		/ 19 6 , and that	death accurred	at J. MM, tra	m the causes a	nd an the c	date state	ed abave
220 SIGNATURE	11/14	ella.	41	ATTENDING	MED	STAFF		4/2	SIGNE
22c PHYSICIAN S	en un	vier	7	M.D PHYS.	DIRECTOR	PHYS _		17	6/
NAME (Type)	G- 111.1	. 01	10.20	Tag. ADDRE.	Bon			2.	1
	0.01	KEU	un		1/200 y	STONE			4-5
236 BURIAL, CREMATIC	1 1 1-11	_	23c. NAME OF CEMETERY	DR CREMATORY	23d, LO	CATION (City, town,	or county)	(S	state)
	11/2/17/	1		emetery,	The district	ddletown	STRAR'S SIGN		
24, FUNERAL DIRECTOR			ADDRESS		25a. REC'D BY REG		ISTRAR'S SIGN	IATURE	
Gladhill	Company.	Mid	dletown. Ma		DATE PR 5	61	0	,	



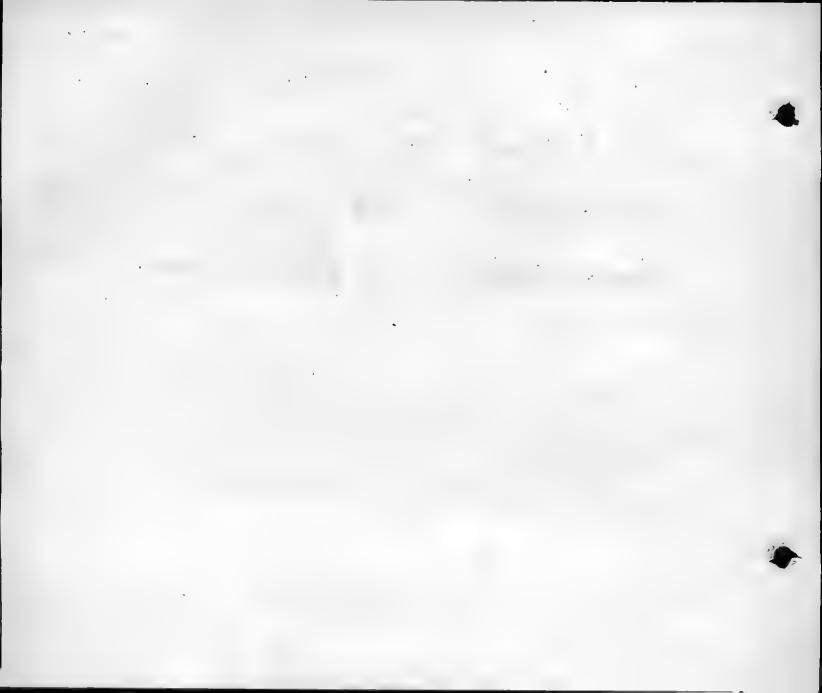
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-U	4	\mathbf{z}	J	1

l							
	a. COUNTY	MARYLAND	2. USUAL RESIDENCE (WHO as STATE		If institution: Resider	ce before admission	m}
	b CITY OR TOWN (If autside carporate limits write RURA and ave negrest town	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carporate lin	ils, write RURAL and	give nearest tawn)	
8	d. NAME OF HOSPITAL (It not in haspital, give street or in	V 11#=1/	1 Jelfers	on , h	ary land	e IS RESID ON A F	ARM?
1	NAME OF DECEASED (Type or print)	ky Cure	S/72 FF 21-	4. DATE OF DEATH	Manth	,	61
1	Fermale 6 COLOR OR RACE 7. MAR WIDOW		B DATE OF BIRTH		E (In years birthday) yrs. IF UNDER	Days Hayrs	Min
Ì	0a USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)	KIND OF BUSINESS OR INDUS	stry 11 BIRTHPLACE (Stole Maryland			ZEN OF WHAT CO	UNTRY?
) [GROYGE Sheff	oyr .	14. MOTHER'S MAIDEN N	IAME YEXX	esker ^{C1}	antha W	iles
	S. WAS DECEASED EVEN IN U. S. ARMED FORCES? 16 (Yes. no. or unknown) (If yes, give war or dates of service)		FORMANT Dora Wile	es, Jeff	erson, II	d.	
	60 . O DUE TO	andraé fair	Cure			INTERVAL BETT	WEEN
	Conditions, if any, which gave rise to immediate cause (a), stating the under: lying cause lost (c)		menticipe				
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DIT-ON GIVEN IN PAR	PERFOR	MED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I ar Part II af :	tem 18.)	·	
	Haur a.m. While		ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc	. 20f (City or tav	m} {	Caunty)	(State)
	21.1 certify that (1) (this haspital) attends saw the deceased alive an					1,1	
	22a SIGNATURE	/ .	ATTENDING MI	ED STA		22b	DATE SIGNED
	22c PHYSICIAN'S NAME (Type) Dr. Robert J.	Furie	22d. ADDRESS Freder	ick, M	d.		
4	REMOVALISHED 14/3/1961	23c NAME OF CEMETERY O Harmony C		23d LOCATION (ick Co.	(State)	}
1	Gladhill Company, Ili	ddletown, 11d		D BY REGISTRAR	25b REGISTRAR'S SI	,	

ath. Page 4 d be-filed with meral director, may be retained.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shothm State Board of Health prior to burial, cremation, or remainal, and in any avent, within 72 hours after death. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of TO HOSPITAL OR

VR A15 (4) 15M H/59



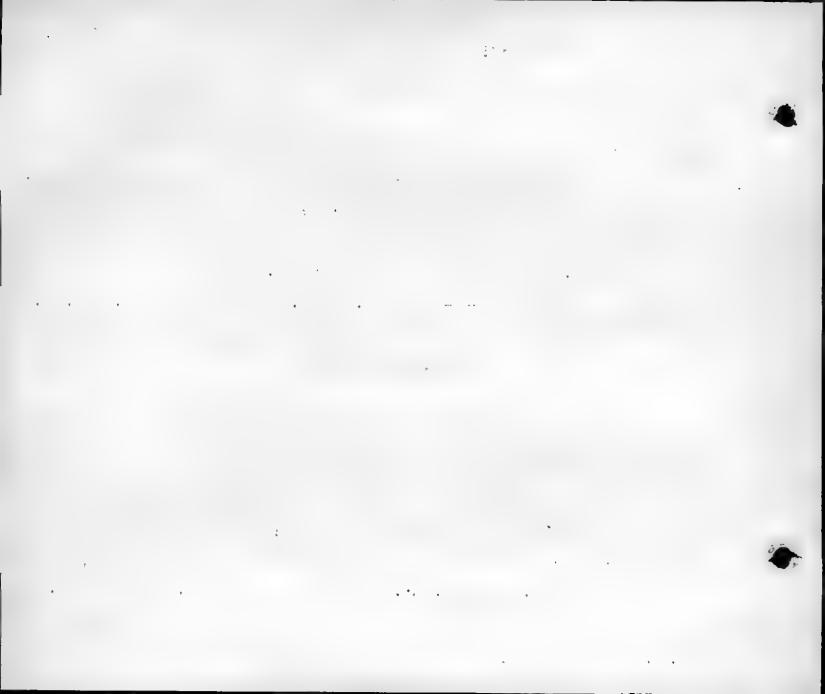
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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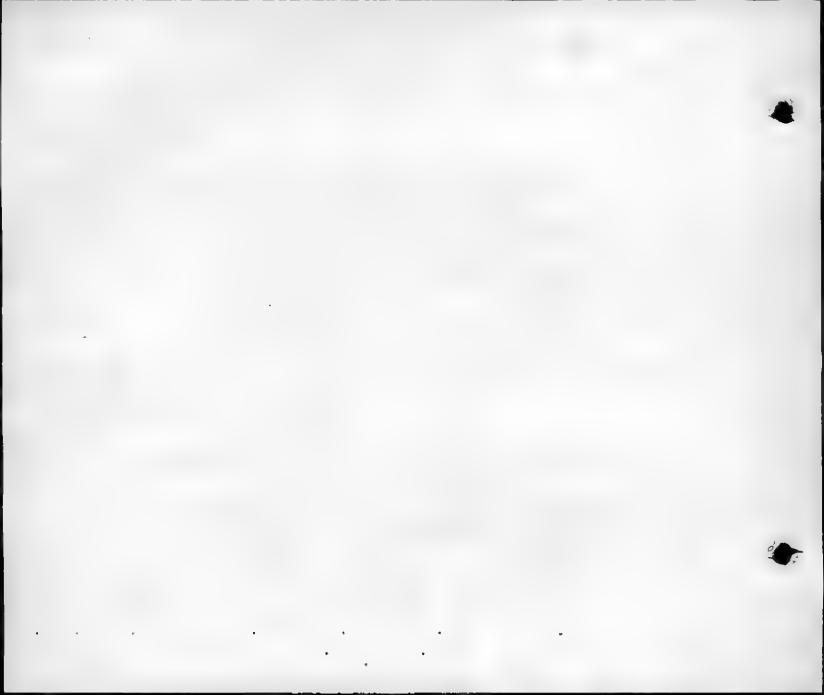
		2631		CENTIL	ICAII		DEAT						()	
1.	PLACE OF DEATH				1	USUAL	RESIDENCE (Whe	re deceose				e befar	e admission)
	a. COUNTY Frederic	le le		MARY	LAND	a. STA	Marv.	lai	nđ	ь.	COUNTY	Fred	erri	ck
-	b. CITY OR TOWN (if outs de a	arporate limits	, write	c. LENGTH OF STAY	IN 16	g CITY	OR TOWN (orate limit	s, write R	RURAL and g	ive near	rest tawn)
	RURAL and give nearest town Frederic	-				//	Fred	ΔW:	iok					
Н	d. NAME OF HOSPITAL (If not		re street o	iddress)		d. STR	EET ADDRESS						-	. IS RESIDENCE
	or institution 228 Dill Aven	T. P. 40.				12)	East '	Th.	ind 9	troo	+			ON A FARM? YES NO 🖼
=	NAME OF	First		Middle	<u>'</u>	<u></u>	Lost	-	4. DATE	JULGE	Mar	ath	Doy	
3.	DECEASED (Type or print)	LILLIA		CORDELI	· A	CUIO	EMAKER		OF DEATH		Apri		2lı	19 67
5		40 20 40 40	-44	IED NEVER MARRIE		DATE OF					(in years	-		IF UNDER 24 HRS
J.								20	^	last b	irthday)	Manths	Days	Haurs Min.
10	Female Whi	.00	WIDOWE	- Las			21, 1			-	O yrs.		'EN OF	WHAT COUNTRY
10	during most of working life, e		one IVD. I		KINDUSIK	11.01			_					THIS COUNTRY
_	House-work_			At Home	Ŧ	14 4107	Maryl:						SA	
13.	FATHER'S NAME													
	Charles W				1 = 11150		Susan 1	М.	Ugle	3	نداد ه	dress		
		war or dates of ser	vice)	SOCIAL SECURITY NO		DRMANT	eri.	-p		000			¥-1	3 35 1
_	No		21	4-10-1728	Mrs	3. Ma	ry S.	סק	chner	228	Dil	1 Ave.		ed. Md.
	18. CAUSE OF DEATH [Ente	,	se per lin	e far (a), (b) and (c)]	0.			1					RVAL BETWEEN
	PART I. DEATH WAS	CAUSED BY ATE CAUSE (a)_		Cerelia	al	M	ma	した	Ma	ge_				days
	1 331X	DUE TO		11	-1					•				
	Canditions, if any, which	h) (b).		Thypal	rle	ur	Un						1	2424.
	gave rise to immediat	e DUE TO		10										0
ı	lying cause last.	(c)												
Z	PART II OTHER SIGN		ITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELAT	ED TO THE TEL	RM1N	AL DISEAS	SE COND	TION GI	VEN IN PART	[](a) [1	PERFORMED?
Z														YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS	LYING 🗆 1	20b. DE\$(RIBE HOW INJURY O	CCURRED.	(Enter no	ture of injury	in Po	art I ar Pa	rt il af ite	:m 18.}			
GE	OR CONTRIBUTING (I CAUS	E OF DEATH EXAMINER)												
N	20c. TIME OF INJURY Manth	ı, Day, Yea	r 20d. IN	NJURY OCCURRED			URY (Hame, fe			y ar tawn)	(C	aunty)	(State
MEDICAL	Наот а. т.	19	While	Nat while	Facta	ry, street	affice bldg ,	etc)						
2	р. т.				-				19	7 11 C	40 A	11 10/	7	
	21. I certify that (I) (th	2//	attend					19 <u>.</u>	C 104		ע.שן			at (I) (we) las
	saw the deceased aliv	e an	7	19 6 and	that de	ath occ	urred at 🗦	ززا	MULTION	the co	ruses a	nd on the	date	stated above
	220 STANLIUKE	. 11	100	1000	1	АПЕ	NDING _	MEI	D	STAF	F	A 4 T	06	SIGNE
	22c PHYS CIAN'S		U	rugg y	9/, M		ADDRESS	DIR	ECTOR L	PHYS	Ц	April	. 26	TAOT
П	NAME (Type)	Joe U	Canl	or In MI T		1	28 Nor	+10	Mank	rot S	+	Frader	ri ok	Ma.
-	J	les H.											. 101	Z
23	BUR AL, CREMATION, 23b REMOVAL (Specify)	DATE THEREO	F	23c NAME OF CEM	ETERY OR	CREMATO	ORY		23d LOCA	ATION (C	ly, tawn,	ar caunty)		(State)
L	Burial L	/27/196	61	Mount Oli	vet (lemet	ery			leriç				land
24	, FUNERAL DIRECTOR'S SIGNA			ADDRESS			25a. R		BY REGIS		25b REG	ISTRAR'S SIC	SNATU	RE
	M. R. Etchison	and So	on, F	rederick.	Maryl	and	DATE	姨	AY 1	'61	(Inthur &	. The	uu4

TO HOSPITAL ORA TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours affired eath. Page 4 may be retained the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers Pages 1 and 2 should be filed with the State Board at Health prior to buriol, cremation, ar remayal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 04293 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspitas, give street address) IS RESIDENCE OR INSTITUTION ON A FARM? YES NO L 4. DATE Day DECEASED OF DEATH (Type or print) 961 9. AG6 tin years last birthdoy) IF UNDER I YEAR IF UNDER 24 HRS. 5 SEX 7 MARRIED MEVER MARRIED 8. DATE OF BIRTH Months Doys DIVORCED [WIDOWED . cample 7 LL yrs 35/6 papers. of t 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 13. 12. CITIZEN OF WHAT COUNTRY? hours during most of working life, even if retired) oud pau HUUSE WURK 2 13. FATHER'S NAME physician è wilhin Margaret Ann Sleeder remaye 15 WAY DECEASED EVER IN L. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address affending please 18. CAUSE OF DEATH (Enter only one cause per lime for (a), (b), and (c) ONSE AND DEATH PART 1. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (c) 60 Phe **DUE TO** þ Conditions, if ony, which permit gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost been si PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTIFIELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port it of item 18) 20g ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m While Not while at work at work p. m 2) I certify that (1) (this haspital) attended the deceased fram. 2/24/62.1962, to 4/19 , 1967, that (I) (we) last saw the deceased alive an IPUI 19-1, and that death accurred a UTM, from the couses and an the date stated above OR: 22a. SIGNATURE ATTENDING FUNERAL DIRE M.D. PHYS. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 230. BUR AL, CREMATION, 236. DATE THEREOF 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Valley Mem. Gardens S. Middleton Two... Apr O 250 REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE N. Hanover St. VR A15 (4) APR 2 1 '61 15M 9/59



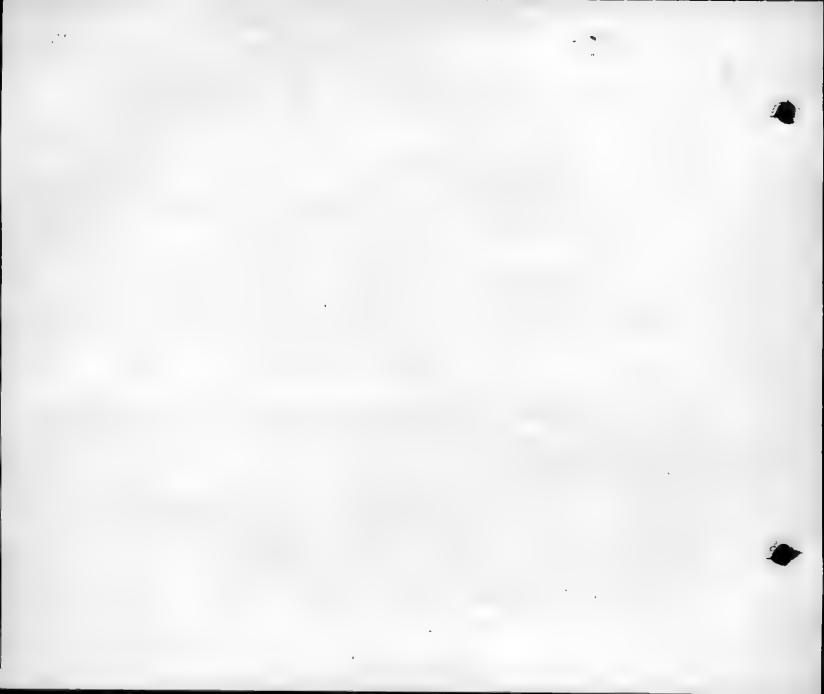
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

Ltem 8 FLORIDATE OF DEATH 430:

\bigcap	1, PI	LACE OF DEATH					2. USUAL RESIDEN	NCE (Whe	re decease	d lived. If instituti	an: Residenc	e before a	dmissio	n)
J	0.		derick _		MAR	YLAND	M	ary			Frede			
	þ	CITY OR TOWN (IF	outside corporate limits,	write	c. LENGTH OF STAY	r IN 1b	c. CITY OR TO	WN (If ou	itside carpo	rate limits, write R	URAL ond g	ive nearest	lawn)	
į		PIPCO ETI	CIC		hours	5	Rural	Mye:	rsvil	lle 🦯				
ı	d		AL (If not in hospital, give	e street o	address)		d. STREET ADD	RESS		7		e. I	RESID	ENCE
1	Fi	orinstitution cederick	Memorial	Hos	spital									NO 🔲
	3. N	AME OF ECEASED	First		Middl	e	Last		4. DATE OF	Mor	ıth	Day	Ye	at
		(ype or print)	G.	A	Arthur		Smith		DEATH	4		12	19	61
	5. 51	EX	6 COLOR OR RACE 7	- MARR	IED NEVER MARR	IED 🔲	B. DATE OF BIRTH			 AGE (In years lost birthdoy) 	IF UNDER		-	
	n	nale	white v	VIDOWE	DIVORC	ED 🔲	5/8/189	Ø 18	70	Ç O yrs.	Months	Days H	durs	Min
	10a	USUAL OCCUPATIO	N (Give kind of work do	ne 10b.	KIND OF BUSINESS	OR INDU	TRY 11. BIRTHPLAC	E (State o	or fareign c	ountry)	12.CITI2	ENOFWI	IATCO	UNTRY?
		farm	ing`life, even if retired) OWN 요간		farm		Marv	rland	ri e			TI.	S.	
	13. F	ATHER'S NAME					14 MOTHER'S MA							
		Josiah	F. Smith				Elle	n F	0.32					
	TS. V	WAS DECEASED EVER	IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO	O. 17. IN	FORMANT	11 1.1		Add	iress			
	no.		If yes, give wer or dates of serv		none	Cy	rus J. S	mitl	h. My	versvil:	le. M	d.		
	T	IB. CAUSE OF DEA	TH (Enter only one caus	e per lig	ge for (a), (b), and (c			4 .			Y	INTERV.		
		PART I DEA	TH WAS CAUSED BY:	ch	Traling	OAK	Heart	des	lare			ONSET	AND L	EATH
		431	IMMEDIATE CAUSE (a)_ DUE TO		- Dave		10		<u> </u>					
		Conditions, if ar		1	dv. ar	Xen.	-1 50 las	در و وسد						
	Н	gove rise to in			00.00	7 0 0 0	- SCOOL	0				+		
	Ш	couse (o), stoting I lying couse lost.	ne under-	٧										
	z		ER SIGNIFICANT CONDI	ITIONS (CONTRIBUTING TO D	EATH BUT	NOT RELATED TO TI	HE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PART	1(0) 19. \	WAS A	LTOPSY
	 											r	CKTOK	MED?
	E I	20g. ACCIDENT WA	5 UNDERLYING [] 2	NOb. DES	CRIBE HOW INJURY	OCCURRE	(Enter nature of II	njury in P	ort Lor Par	rt II of item 18)			- []	
	CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH				,-	• •						
			Y Month, Day, Year	20d. 11	NJURY OCCURRED	20e PL	ACE OF INJURY (Ho	me, farm,	20f (City	y or town)	(0	ounty)		(Stote)
	MED.CAL	Hour o m.	19	While at war	Not while	fo	story, street, office b	ildg., etc.	}					
	I - 1	p. m.				1	Gm. 1		10/1	1 Any 12	- 206	/ 4 .	113 1	
			t (I) (this haspital)	attend	ded the deceased	d fram	eath accurred	, 19≦ 7 つ =		· · · · · · · · · · · · · · · · · · ·	19 <u></u>			
		saw the deceas 22a, SIGNATURE	ed alive an 440".		19 <u>07</u> an	d that g	eath accurred	at El	Wy fram	the causes a	nd an the	date st		DATE
		220. SIGNATURE	JE Pins	1. 6	1 a . la		ATTENDING	ME	D	STAFF		11		SIGNED
		22c. PHYSICIAN'S	4 zovo	01 19	-arp		M D PHYS 22d. ADDRESS		RECTOR [PHYS 🗌			_/_	2-4
		NAME (Type)	J. Elmer F		. /		1		1 _ 4	3.3				
		1/1 4		arr				Lac	letor	A	e		100	
	23a	REMOVAL (Specify)	3 4 40	,	23c. NAME OF CE					TION (City, town,	or county)	- 7	(Stote	1
				51	E. U. I	3 . C	emetery)C- pre:-	· ·	rsville	STRAR'S SIG	CLE		
	24,	TIAGHITT	company,	7/	ADDRESS Middletov	m ·	17.7		D BY REGIS		istrak s sig Olaffan		. 4	
	1 '		- Crist Crist	1	TT. 01000	1249 .	100	DATE /	APR 1 7	7 '61	Link tull,	a. / hal	CAR	



Frederick, Maryland

DATE

MARYLAND STATE DEPARTMENT OF HEALTH

Frederick

Day

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NOTE

226 DATE SIGNED

(State)

(Stote)

Days

(County)

19(5)(, that (I) (we) lost

e. IS RESIDENCE

ON A FARM?

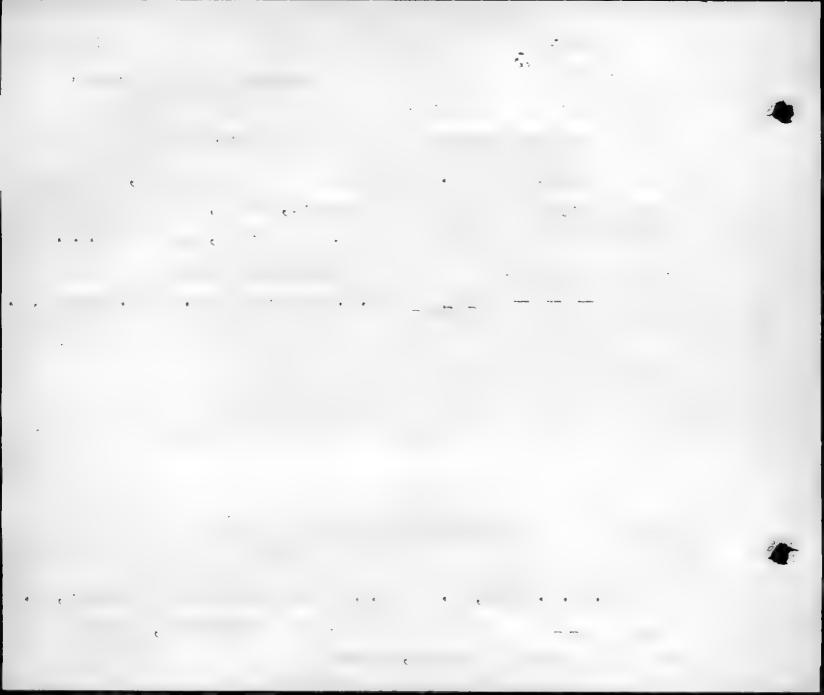
YES NO TO

Year

19

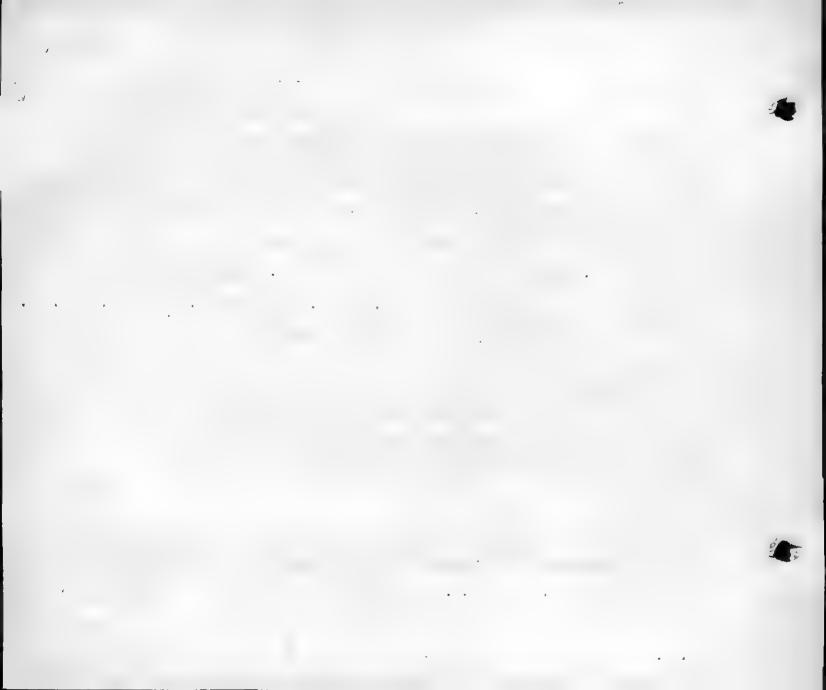
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when



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 4303 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY MARYLAND Frederick Frederick Marvland b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Frederick Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 339 North Market Street YES NO TO Monocacy Hall Nursing Home ъ .⊑ NAME OF Middle 4. DATE Month Day Year filled DECEASED Pages death. (Type or print) DEATH 28 1963 April DOLLTE VARDEN SPEAKS IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years completely after last birthday) Manths Days Hours 88 yrs DIVORCED | WIDOWED 1 July 1. Female 100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? hours during most of working life, even if retired) TISA Maryland puo at home House-work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 Laura V. Tucker Thomas J. Mohler 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address ВL 339 N. Market St. Fred. Md. Mr. John L. Mohler No None offend 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN <u>a</u> PART I. DEATH WAS CAUSED BY (MA) IMMEDIATE CAUSE (a) the DUE TO þ permit. Canditions, if any, which signed gave rise to immediate DUE TO cause (a), stating the underlying couse lost. **burial-transit** peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY cremation, PERFORMED? YES NO X aftending 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED Doy, Year (County) (Stote) 20 factory, street, office bldg., etc.) Hour a.m. While Nat while al work al work p. m. 21 I certify that (I) (this haspital) attended the deceased fram._____ 19(4), that (1) (we) last (1) and that death accurred at 3: PM, from the causes and an the date stated above saw the deceased alive an defoci FUNERAL DIRECTOR: 22a SIGNATURE 22b DATE SIGNED ATTENDING STAFF pe 5 DIRECTOR . M.D PHYS Boord 22c. PHYSICIAN 22d. ADDRESS 3 should NAME (Type) North Market St., Frederick, Md. James B. Thomas M.D. page 3 sh the State | 236 DATE THEREOF 230 BUR AL CHEMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) REMOVAL (Specify) Frederick Burial Mount Olivet Cemetery 0 24 FUNERAL DIRECTOR'S SIGNATURE 25g, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Circling S. Krose VR A15 (4) M. R. Etchison and Son, Frederick, Maryland DAHAY 2 15M 9/59

AND STATE DEPARTMENT OF HEALTH

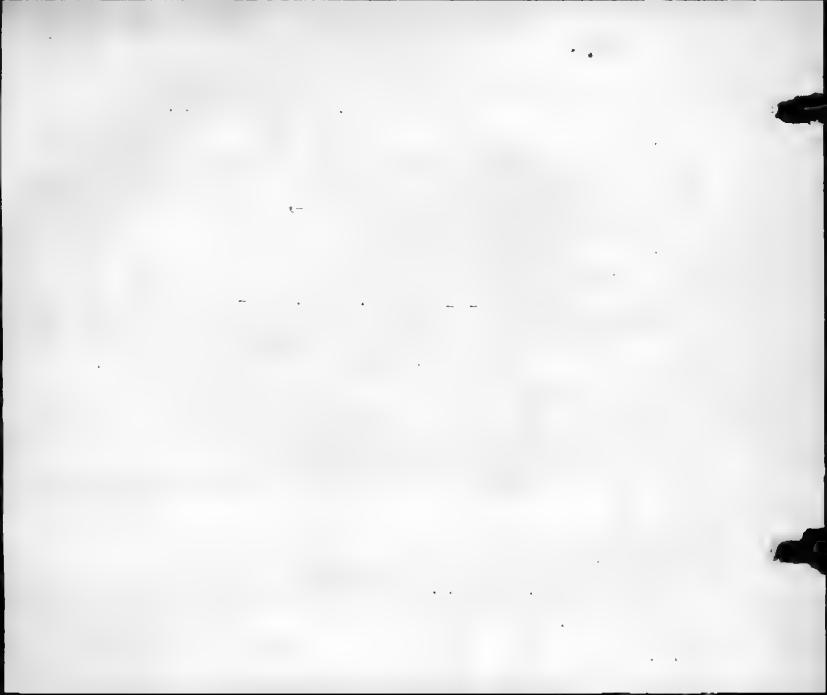


VR A1S (4) 15M 9/S9

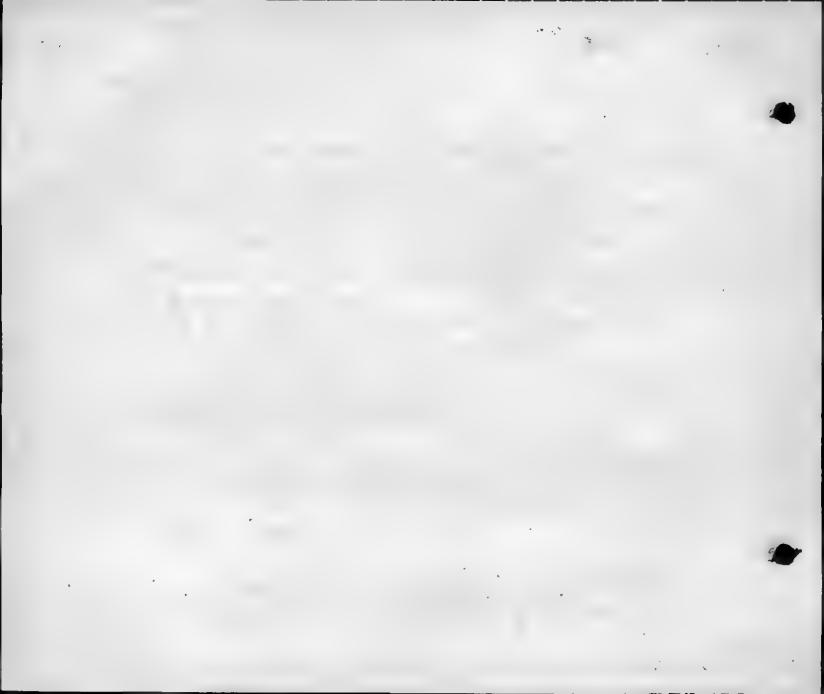
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

4304

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	o. COUNTY	Frederick		MARYLAN	- 11	USUAL RESIDE a. STATE	NCE (Who Mary		lived If instituti b. COUNTY		444	e odmissi deric	-
	b CITY OR TOWN RURAL ond give r Frederick	(If autside carporate limi learest tawn)	ts, write	2 Weeks	1b	ii G			R.F.D.#		give nea	resi Iown)
ì	_OR NSTITUTION	TAL (If not in hospitol, g k Memorial 1			1	d. STREET ADD		l				IS RESI ON 4 YES A	FARM?
E×.	3. NAME OF DECEASED {Type or print}	Fir FRAI		Middle		STONE		4. DATE OF DEATH	Apr		11,		9 61
	S. SEX	6. COLOR OR RACE	7. MARE	RIED X NEVER MARRIED	7 B D	ATE OF BIRTH		5	AGE (In years	IF UNDER	TYEAR	IF UNDE	R 24 HRS
	Male	White	WIDOWI	ED DIVORCED] J	anuary		.880	lest birthday)	Months	Days	Hours	Min
	during most of wo Laborer	ON (Give kind of work or rking life, even if retired	done 10b.	KIND OF BUSINESS OR IN Brush Factory	NDUSTRY r	11. BIRTHPLAC	CE (Stole)	or foreign cou and	intry)	12.CIT	USA	WHATC	OUNTRY?
	13. FATHER'S NAME				1.	MOTHER'S A							
	Ge	orge Henry	Stone				lucin	da Mot	tan				
		ER IN U.S. ARMED FOR (If yes, give wor or dates of s	ervice)		7 INFOR		3. St	one-Sa	me as It		2		
		ATH [Enter only one co		14-10-1-2	347 0 4	mona y						RVAL BET	
	Canditions, if gove rise to cause (a), stating lying cause lost	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ony, which) immediate the under-	A	rtenio sul	9 <i>~</i> V>	is			HACOE		a	1 Zo	yrs.
	NOLEN PART II. Q1	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	RELATED TO 1	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PAR	8T 1(a) 1	PERFO	RMED? NO FRH
		'AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCCU	JRRED. (E	nter nature af	injury in I	Port 1 or Port	of item 18.)		1		
	20c. TIME OF INJU	RY Manth, Day, Yes	or 20d. I While of wor	Not while		OF INJURY (He, street, office I			ar town)	(County)		(State)
		at (I) (this haspital		ded the deceased from		h accurred				19 6 nd an th			
	220. STONATURE	d. Mrs	ويرو	, h.D		ATTENDING PHYS	ME ME		STAFF PHYS		4	22b	OLGNED
	22c PHYS CIAN'S NAME (Pype)	Ralph L.	Mic	hel,M.D.		Shopp:		Center	Frederi	ck, M	aryl	and	
	23a BURIAL, CREMATI BURIAL (Specification)	ON, 236. DATE THEREC		Rocky Sprii	ry or cr ngs (ematory Cemeter	У	Frede	ON (City, town,	or county) Ma	ryla	ınd	e)
À	24 FUNERAL DIRECTO M. R. Etc		, Fr	ADDRESS ederick, Mar	ylan			D BY REGISTE		Cullun			



MARYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decassed lived, If institution: Rasidance before edmission) a. COUNTY MARYLAND 12 b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (Moutside corporata limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 filled in 95 . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Pag ON A FARM? YES [NO 🔀 completely NAME OF Day DATE Yanz DECEASED OF DEATH (Typa or print) 19 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last bishdayl and Months WIDOWED physician гетоме USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? or foreign country) 13. FATHER'S NAME please affending Then oval, (Yas, no, or whkown) (If yas g ve war or dates of service) the 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which ' gava risa to Immadiata causa **DUE TO** (a), stating the undarlying PART IL OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 2Da. ACCIDENT WAS UNDERLYING [] | 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, ; 2Df. (City or town) (County) (Stata) Month, Day, Year factory, streat, office bldg., atc.) While _Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from Add. 44. and that death occured at..... A.M. from the causes and on the date stated above. saw the deceased alive on.... 22b. DATE 22a SIGNATUR ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. death. Page 4 director, page be filed with the 22c. PHYSICIAN 22d. ADDRESS NAME (Type) BURIAL, CREMATION OR CREMATORY 23d-tOCATION (City, town or county (Stata) 235. DATE THEREO! EMOYAL (Specify) 0 MEINERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 1 256. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

1,200

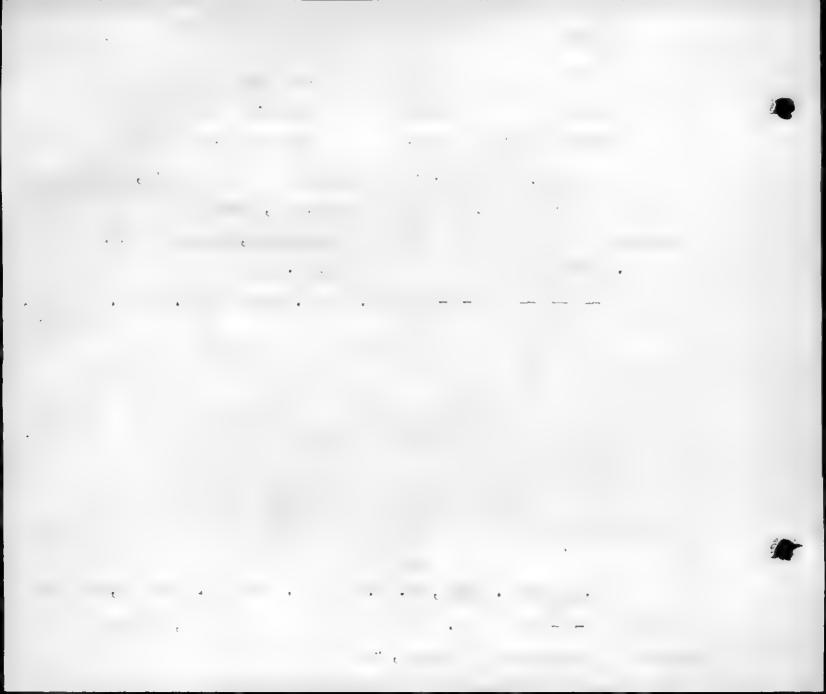
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		2300	CERTIFICA	TIE OF DEATH			032	99
/	1. PLACE OF DEATH o. COUNTY FT	rederick	MARYLAND	2 USUAL RESIDENCE (Who o. STATE	. b	. COUNTY .	esidence before odn Frederick	
	RURAL ond give no	rederick	18 years	CITY OR TOWN (IF o		its, write RURAL	and give nearest k	own)
	OR INSTITUTION	TAL (If not in hospitol, give st rederick Memor		d. STREET ADDRESS	est Secon	d Stree	40	RESIDENCE I A FARM?
	3. NAME OF DECEASED (Type or print)	First Roy	Middle Oliver	Strine	4. DATE OF DEATH	Month Lpril 21	. 1961	Year 19
1	s. sex	White win	MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH September 26	9. AGE lost	(In years of John More) More	NOER TYEAR IF JA	rs Min.
	Saleman	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDU	Walkersvi	lle, Mary		U.S.A.	T COUNTRY?
	Jesse O.		,	Rosa A. G				
		R IN U. S ARMED FORCES? (If yes, give wor or dates of service)		nformant rs. Rosa A. St	rine 109	W. 2nd	St. Fred	
	Conditions, if a gove rise to i couse (a), stating lying couse lost.	the under-	by partly	seul Ma	of de	Jare	19:	NO DEATH
	200. ACCIDENT WA	eleval va	DESCRIBE HOW INJURY OCCURR	ident F	ea. 1961		YES PEI	RFORMED?
	Y 20c. TIME OF INJUI Hour o. m. p. m.	W		LACE OF INJURY (Home, form actory, street, office bldg., etc.		n) . ,	(County)	(State)
	saw the decea	4 00	tended the deceased fram.	death accurred at 2	57 to 4/3 M, from the c	, "	19, that (I	ed abave
	22c SIGNATURE 22c PHYSICIAN'S	u X Con	iley Jr		D. STA	FF 'S 🔲	4/2	225 DATE 2 SVENIED
	NAME (Type)	Dr. Charles	H. Conley, Jr.	M.B. 228 N. M	larket St	Freder	ick, Mary	land
	230 BURIAL, CREMAT C REMOVAL (Specify BURIAL	1-24-1961	Mt. Hope Ce		Woodsbe	City town, or co		Stote)
	24 FUNERAL OFRECTOR	S SIGNATURE	ADDRESS Frederick.		BY REGISTRAR	256 REGISTRAL	R'S SIGNATURE	

TO HOSPITAL OR A TENDINE HYPICIAN: The law requires that the death certificate be exempted within 24 hours after death. Page 4 may be revolved the hospital ar attending physician.

TO ILLERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the variety page 3 should be detached for use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 should be filled with the State Board at Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

.

L		U6		CERTIF	ICAI	E OF DE	AIH				(14	311	()
1	PLACE OF DEATH			4	1		ENCE (Who	ere deceased	lived. If institute	on Residen	ce befor	e admiss	sign)
L		erick		MAR	rland	o STATE	[arvla	and	b. COUNTY	Fred	eric	k	
	b. CITY OR TOWN (IF RURAL and give nec	outside carporate lim	its, write	c. LENGTH OF STAY	IN 15		-	-0.0-00	ote limits, write R	URAL ond	give nea	rest town	n)
	Freder		25	Year	200	// F	reder	rick					
-	d. NAME OF HOSPITA		give street			d. STREET AL	A	A 20 A 20			- 1	e. IS RES	SIDENCE FARM?
	6A Watkin	s Acres				/ 6A Wa	tkins	Acre	S				NO [5]
	NAME OF	Fî	rst	Middle	<u> </u>	Last		4. DATE	Mon	ith	Do	4	Year
	(Type or print)	MARGAI	शास	LE	<u>8</u> 2	THOMAS		OF DEATH	Apr	17	25		1961
	SEX	6 COLOR OR RACE	1 -	RIED NEVER MARRI		DATE OF BIRTH			9 AGE (In years	IF UNDER	1 YEAR		
	Female	White	WIDOW				1801		lost birthdoy)	Manths	Days	Hours	Min.
	Da. USUAL OCCUPATION		1			June 22	CE (State of	or foreign co		12 CITI	ZENOF	WHAT	OUNTRY
	during most of works	ng life, even if retired	1)				_				TTC' A		
3	HOUSE-WI B. FATHER'S NAME	Ie		House Wor	<u> </u>	14. MOTHER'S	vlanc				USA		
		lam Daniella				_			11				
S	John Ban S. WAS DECEASED EVER	IKS Bartho.		SOCIAL SECURITY NO	17 INFO	DRMANT	ary (ambri	Add	ness			
	fes, no, or unknown) ()	yes, give war or dates of					12	. C			+	40	
	NO I	na fe		None		B. O. T	nomas	OI.	Same	as i			TYMETER
		H [Enter only one of H WAS CAUSED BY:	ouse per l	ine for (o), (b), and (c).	. 11	/)					RVAL BE	DEATH
	- 21	IMMEDIATE CAUSE (premar_	441	narrh	iag:				- 3	as	do
	231	DUE TO					0						
	Conditions, if on gove rise to in)										
	couse (a), stating t												
	lying cause lost.		=)(
ZCILYU	PART IL OTHI	ER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMII	NAL DISEASE	CONDITION GIV	FEN IN PAR	T 1(a) 1:	PERFC	AUTOPSY DRMED?
Y												YES	NO 🔀
CFRTIFI	OR CONTRIBUTING	□ CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY C	CCURRED.	(Enter noture of	injury in F	ort I ar Part	II of item 18 }				
					,								
711	20c TIME OF INJURY Hour a.m.	Month, Day Ye	ar 20d. While	INJURY OCCURRED	20e. PLAC	E OF INJURY (I	lome, form, bldg., etc.	20f. (City	or town)	(County)		(Stole)
	p m.	19		Not while									
	21 I certify that	(1) (this haspita	l) often	ded the deceased	from	March	19	10to_	4/25	194	L, th	ot (l) (wel las
	sow the decease		4/2						the causes ar				
	224 SIGNATURE	0	1	A)									ь. DATE
	Jan	rests.	11	mas.	M.	D. PHYS		D RECTOR	STAFF PHYS				SIGNED
	22c. PHTSTEIAN'S			\$		22d. ADDRE	SS						
	NAME (Type)	James B. !	l'homa	as M.D.		228 1	North	Marke	t St., F	reder	ick,	Md	•
The state of	30 BLR & PREMATION			23c NAME OF CEM	ETERY OR	CREMATORY		23d LOCAT	ION (City, town,	or county)		(Sto	ta)
	REMOVAL (Specify) Burial	4/27/19	_	Mount Ol				975	derick	,,	Mare	vlan	_
24	funeral director's		مادار.	ADDRESS	TAGE (remeren		BY REGIST		STRAR'S SI			11
			Son.	Frederick.	Marri	bref		APR 27		Chilling			
	+	The court of the c	Care	- LUGGITURG	May y.	Lall	CALL.		1				

th. Page 4 eral directar, be filed with TO HOSPITAL OR ANDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death may be revained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Total page 3 should be detached far use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 should be the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.

VR A1S (4) 15M 9/S9



7.300

C.E. Hicks 111

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	0	4	3	Ä	1
	 - N. F.	-46	0.3	1 1	- 81

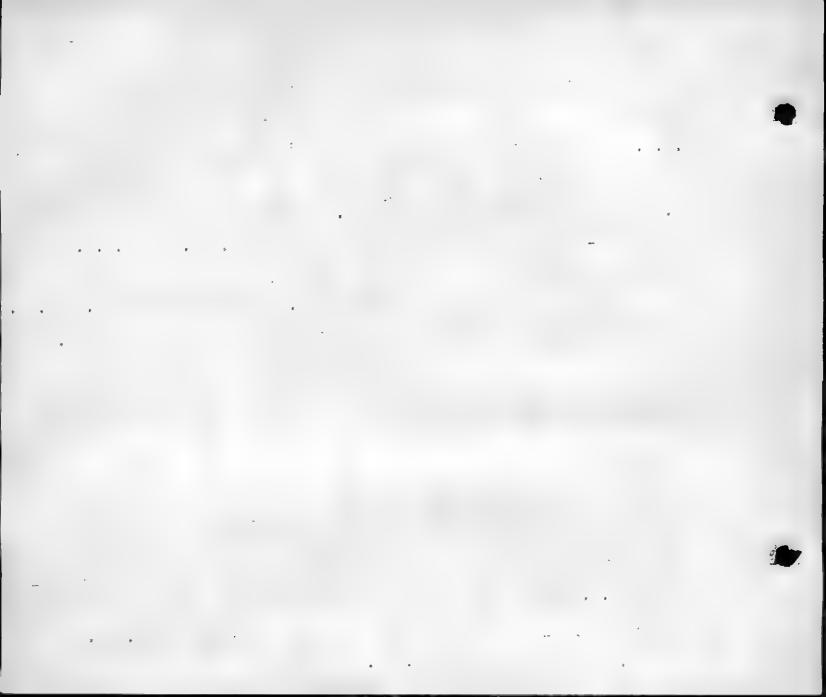
OR ST		2000	Reg. Dist. No.
ALTH	DEPT.	1. PLACE OF DEATH	SUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
- E. 3ge		o. COUNTY Frederick MARYLAND O.	STATE Monard and b. COUNTY
- E E	BA	b. CITY OR TOWN (It outside corporate limits, ex. e. BURAL C. LENGTH OF STAY IN 16 C.	Maryland Frederick City OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	IVI)		
F, 5		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito., give street oddress)	Frederick STREET ADDRESS e. IS RESIDENCE
10 gg			ON A FARM?
The Ted	ŕ	D.O.A. Frederick Memorial Hospital	412 Middle Alley YES NO TX
State of Sta		3. NAME OF Pirst Middle DECEASED	Lest 4. DATE Month Day Year
4 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		(Type or print) George Cook Thompson	DEATH April 14 19 61
5 V T 10		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. DATE	OF BIRTH 9. AGE IN years IF UNDER 14 HES
d		M. C WIDOWED DIVORCED Oct	-12-1892 68 yrs. Months Days Hours Min.
2 de 5		10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. during most of working life, even if retired)	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
4.00.07	i	73.4 3 3 4 4 4	Emodoudals do Md III d a
2 6. 29. 4 F. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			Frederick Co. Md. U.S.A.
Page Page	(F)		
le p	(I)	Samuel Thompson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM	Nore ?
SE E			ond W. Jones-412 Middle St.Fred.Md
60 3 E C			The second secon
ang and		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: GORONSTY Thomb	INTERVAL BETWEEN ONSET AND DEATH
보용표은		PART I DEATH WAS CAUSED BY: Coronary Thomb	Min.
range of the second		1201 DUE TO	
202		Conditions, if ony, which) (b)	
4.50		gave rise to immediate couse (a), stating the underlying DUE TO	
i o e		cause last. (c)	
ing XG7 Offo		PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
o la		PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	PERFORMED?
- G G		200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED. (Enter no.	
id Ke	464	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
Poer €			NJURY (Home, form, 120f. (City or town) (County) (State)
= 0%5		Hour o, m. While Not white Toctory, sire	et, office bldg., etc.)
the special sp			
E 5 9 7		21. I certify that I took charge of the remains described above, he	
S O S		opinian death resulted from: Natural couses 1, Accident ,	Suicide [], Homicide [], Undetermined manner []
<u> </u>		ACTUAL BOOL	CHIEF MEDICAL EVANILIES FO
ate ate		SIGNATURE M.D. M.D.	CHIEF MEDICAE EXAMINER []
g. Fe		EXAMINER'S R. O. Thomas	ASSISTANT MEDICAL EXAMINER APRIL 14-61
de Made		NAME (Type) De Ce IIIOIIQS	DEPUTY MEDICAL EXAMINER X
it Show	1	270. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMA REMOVAL (Specify)	TORY 22d. LOCATION (City, town, or county) (Stote)
0 4 0 p	Y	Burial 4-17-61 Hopehill	Frederick Co Md.
	19:1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

5 VS. A15ME

5M 2/57

Frederick, Md.

Frederick Co. Md. 246. RECISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

04202

ž		OEK III IOA			02000
Y	1 PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryland	deceased lived. If institution, Reb. COUNTY	s'dence before admission) ederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neatest town) Frederick	approx.10yrs		de corporate limits, write RURAL	ond give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION 629 BLESS AVONUE		d. STREET ADDRESS	s Avenue	e. IS RESIDENCE ON A FARM? YES NO DA
	3. NAME OF First DECEASED (Type or print) Anna	Middle T		DATE Month	Uth 19 61
		ARRIED NEVER MARRIED B	August 30-18	lost birthdoy) Man	NDER 1 YEAR IF UNDER 24 HRS 1ths Days Hours Min.
	100 USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	66. KIND OF BUSINESS OR INDUS Homemaker	Wisconsi	n	Z. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	(E	
	John Baumgartner	and the second s	Anna Hef	ti.	363
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no., or unknown) (If yes, give war ar dales of service) NO	10. 50 0112 02001111 1 1 1 0	•	Brown-629 Biggs	Md. Ave.Frederick
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), stating the under- lying couse lost. (c)	par wa			
	PART IT OTHER SIGNIFICANT CONDITION				PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED). (Enter noture of injury in Parl	i i or Port II of item 18.)	
	Hour a.m. Wi		CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that (I) (this haspital) atters saw the deceased alive an3			, ta 4-14, from the causes and a	n the date stated above
	720 SIGNATURE AM	arten.		TOR STAFF	226 DATE SIGNED
	27c PHYSICIAN'S / NAME (Type) Dr. Rex R. Ma	rtin	22d ADDRESS 220 N. Mar	ket StFrederi	ck-Maryland
	230 BURIAL CREMATION REMOVAL (Specify) Burial 23b DATE THEREOF	23c NAME OF CEMETERY OF East New Mar	ket Cemetery	d LOCATION (City, town or con (Dorchester Co East New Market) - Md.
b	24. EUNERAL DIRECTOR'S SIGNATURE Daileys Funeyal Hon by E. J. Whitmore	ADDRESS Frederick- Ma	250 REC'D B	RY REGISTRAR 256 REGISTRAL	R'S SIGNATURE

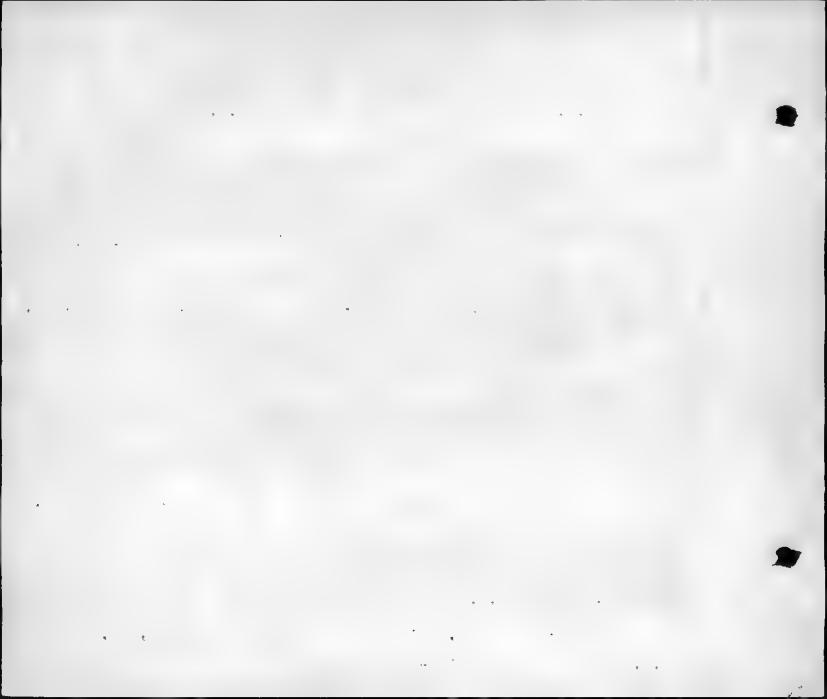
TO HOSPITAL OR / ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after reath. Page 4 may be retained to hapful or attending physician and campletely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 shauld be filled, with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death VR A15 (4) 15M 9/59

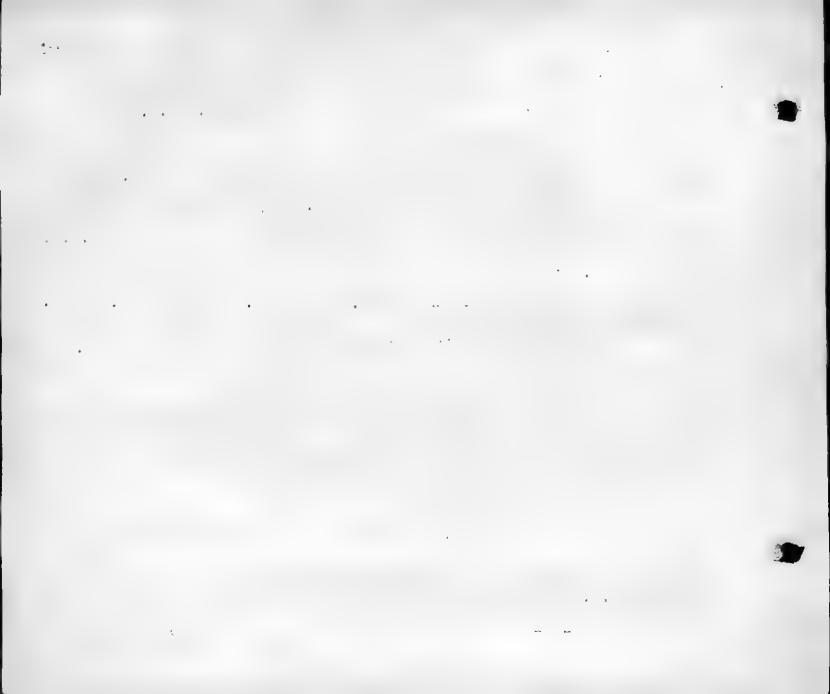
ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after



- 1					AND ST	TATE DEPAR	TME	NT OF HEA	LTH-BA	LTIMORE,	18		
OR IITA	ATE		431	0 ME	DICA	. EXAMINE	ER'S	CERTIFIC	ATE OI	DEATH	Reg. Dist.	14421	() 2
ALTH D	DEPT.	1, Pi	COUNTY	rederick		MARYI	LAND	2. USUAL RESIDENCE O STATE	E (Where dece		rion: Residence Y Fred		
A HOS	V I)	ь. Т	t Alry	R.F.D.I	RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOW		orporate limits, write	RURAL and gi	ve neorest to	own)
ed for Board	V	¢	NAME OF HOSPIT	AL OR INSTITUTION (II	not in hosp	tol, give street address)	d STREET ADDRE	SS				ESIDENCE A FARM?
retain te State er death	\wedge	3. N D	AME OF ECEASED (ype or print)	Ken ne t	h	Eugene		Warfiel	d. DATE	April Month	16	Doy	reor 19 6 I
with 11 ours off			Tale	Colored	WIDOWED	NEVER MARRIED DIVORCED		November	15,19	P AGE (In years 4 3 Type) yrs.	Months Do	AR IF UNC	Min,
Page 3		10a. di	usual occupation of the Studen	ON (Give kind of work dong life, even if retired)	one 10b KI	ND OF BUSINESS OR I	NDUSTR	Frede:	rick C	ounty		S . A .	COUNTRY?
pages			father's NAME Valter W	arfield				Elizab		hnson			
ith forn it. File ony ev			WAS DECEASED EV	ER IN U. S. ARMED FOR (II yes, give war as doles of s	erusen)	ocial security no.		rormant rs.Eliza	beth W	arfield,		ry R.	F.D.
slang w I permi				TH (Enter only one country the WAS CAUSED BY: IMMEDIATE CAUSE (a)	e per line fo	fun Shot	Wou	nd Of Sk	ull an	d Brain		3/4 T	lour
Office of-transi	1		Conditions &										
niner's o fornion m. or r			gave rise to imme (a), stating the cause lost.										
rematic	27	CATION		HER SIGNIFICANT COND			_				EN IN PART I	d) 19. WAS PERFO YES [AUTOPSY DRMED? NO.
f Medic utd be urial, a		- 1	200. EXTERNAL CA PRIMARY-19 == CO CAUSE OF DEATH.		layir	ng Russia	n R	oulette	accide	ently sh		Pattern but	
he Chie or to b	15	MEDICAL	20c. TIME OF INJU	4/I6/6 ₉ I	20d. Ih While of wor	Not while to or work	New	E OF INJURY (Home.	form, 20f (C etc.) Nev	T London	Frede,		(Stote) Co. M
OR: Pag		1 1	•	hat I taok charge resulted from: N					_				nd in my
ORFECT ORFECT orfed ag	****		ACTUAL SIGNATURE	BOH	-72	ras-		_M D. CHIEF MEDIC	AL EXAMINER (J		DATE	SIGNED
ERAL Designation			EXAMINER'S NAME (Type)	B.O.Thoma	-).			EDICAL EXAMINER		1 16,1	961	
o FUN o its		B	urial (Specify			Mt. Oliv			Ne	ATION (City, town,	or, Md		(0)
5ME		23.	FUNERAL DIRECTOR	r's SIGNATURE	Fra	ADDRESS derick-Ma	רעיו		REC'D BY REGI	STRAR 246. REGI	STRAR'S SIGN		



1	*		7.0		AND ST	TATE DEP	ARTME	NT OF HEA	ALTH-	-BAL	TIMORE,	18		
FOR S	TATE		43	II ME	DICAL	EXAM	INER'S	CERTIFIC	CATE	OF	DEATH	Rea. Dist.	.04304	
HEALTH Health	DEPT.	1.	LACE OF DEATH	Frederick		N	ARYLAND	2, USUAL RESIDEN 0. STATE	Md.	re decease	d lived. If inst to b COUN		before admission)	
file af Hee	W		Rurai			Life	time	Rural			orote limits, write	· RUFAL and give	neorest town)	
erol dir ned for e 8aorg	X		At	TAL OR INSTITUTION (IF	not in hospi	tol, give street a	ddress)	d. STREET ADDR	RESS				e. IS RESIDENCE ON A FARM? YES NO	
the funder of retaining the State of the Sta			NAME OF DECEASED Type or print)	Charles	Edwa		elsh	Losi		DATE OF DEATH	April		96I 19	
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VS. A15ME 5M 2, S7		23	CMANA MA	R'S SIGNATURE	MAA	Thurn	ont,	Md/ 240.	REC'D BY	REGISTR		Cuthun &		
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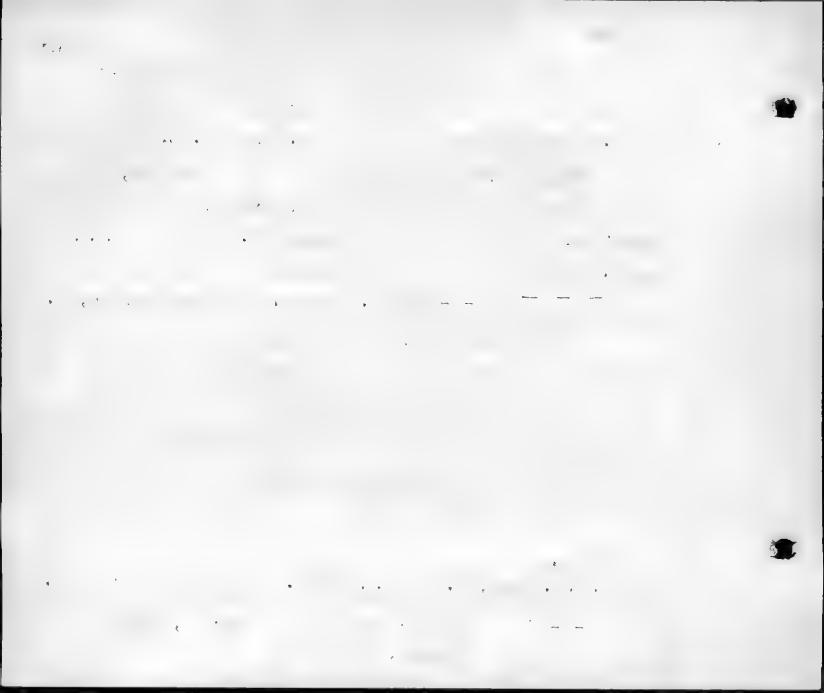
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 4312 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. (f institution. Residence before admission) a. COUNTY g. STATE b. COUNTY MARYLAND Marvland Frederick Frederick ivi b. CITY OR TOWN (if autside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside carparate limits, write RURAL and give nearest town) RURAL and give nearest lawn) Rural plnous Rural d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS e IS RESIDENCE ON A FARM? OR INSTITUTION 200 Mt. Phillip Rd. Rt. Mt. Phillip Road YES I NO TO Route 2. E NAME OF First Middle DATE Last Month Day Year filled ges 1 c death. DEATH April 12 (Type or print) Young 19 61 Harry Ashby FUNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED 9 AGE [In years 5 SEX B. DATE OF BIRTH lost birthday) Months Days Haurs Wale White WIDOWED | DIVORCED [August 13. VIS ŧ comple popers 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or rore gir country) 12 CITIZEN OF WHAT COUNTRY? during most of working ife, even if retired) U.S.A. Frederick Co. Maryland Retired Farmer and 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME physician within ē Eva Stone George W. Young ng physici remove 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no pr unknown) Frederick, Md. Mrs. Frances M. Davis Young pleose attendin CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ファーフィット DUE TO á permit. Canditians, if any, which gned gave rise to immediate DUE TO cause (a), stating the underlying cause last. been si burial-transit physician 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICAT YES NO attending 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18.) cale ‡ (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c TIME OF INJURY Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 5 factory street, office bidg , etc.) MEDI Hour rs. m While Nat while p. m. at work \(\text{ at work } \(\text{ \text{}} \) 21. I certify that (I) (this haspital) attended the deceased frame to 12 1961, that (1) (we) last Ped d and that death accurred at 24M, from the causes and an the date stated abave. saw the deceased alive on C 22a, SIGNATURE 22b, DATE SIGNED ATTENDING PHYS STAFF FUNERAL DIREC e P å M.D. DIRECTOR | Boord 22c PHYSICIAN S 22d. ADDRESS 3 should Market Street NAME (Type M.D. Frederick, Md. B. O. Thomas, Sr. page 3 sh the State BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, Jawn, or county) (State) REMOVAL (Specify) Frederick Memorial Park Frederick, Maryland Buria 0 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR Frederick, Maryland VR A15 [4]

DATE

certificate

requires that

15M 9/59



LAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

e. IS RESIDENCE

ON A FARM2

YES NO

Year

61 10

Frederick

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO TH

(Stote)

(Slole)

U.S.A.

10

Days

(County)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission PLACE OF DEATH filed v o. COUNTY MARYLAND Frederick Maryland b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick Frederick Lifetime d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Frederick Memorial Hospital 302 Rockwell Terrace 25 Ξ. NAME OF 4. DATE Middle filled i DECEASED OF DEATH Grace Edna Zimmerman (Type or print) n papers. Pages haurs after death. B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED completely Sept. 16-1882 Female White WIDOWED | DIVORCED [10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) Own Home Maryland Housekeeper pup pau 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 George Henry Zimmerman Florence Frazier physicia IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT (If yes, give war or dates of service) Willard H. Markey- Perkasie-Pennsylvania No None altending please 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] DEATH WAS CAUSED BY: the DUE TO þ Conditions, if ony, which gned b gove rise to immediate DUE TO couse (a), stating the underte has been sig lying couse lost. ar attending physician. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION crematian, 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIFI DESCRIBE HOW INJURY OCCURRED, (Enter loture of injury in Part I or Part II of item 18.) certificate 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Month 20d. INJURY OCCURRED Day, Year factory, street, office bldg., etc. While Not while p. m. of work at work 21. I certify that (1) (this hospital) attended the deceased from. and that death accurred of HOR from the causes and on the date stated above. saw the deceased olive on O 196 ATTENDING TO FUNERAL DIRECT Poge 3 shauld be d. M.D. PHYS. Board 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. Charles H. Conley, Jr. page 3 sh 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Mt. Olivet Cemetery Burial 24. FUNERAL DIRECTOR'S SIGNATURE Dailey's Funeral Home- Frederick- Maryland

DIRECTOR _ PHYS. Professional Bldg .- Frederick- Md.

> 23d. LOCATION (City, town, or county) Frederick- Maryland

b. COUNTY

9. AGE (In years

78 yrs

Month

April

Add ress

Months

256 REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR DATE APR 1 3 '61 arthur & France

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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	AE OF HOSPITA	FRED ME		ddress)		d. STREET ADDRESS		/			IS RESIDENCE ON A FARM? YES NO TO
3. NAME DECEA: (Type o	SED	SHERY		Middle	-	MERMAN	4. DATE OF DEATH	HPK		29 29	Year 19 6
S. SEX	=	6. COLOR OR RACE	7. MARRII	DIVORCE		DATE OF BIRTH 18-57		9. AGE (In years last birthday) yrs.	Months Months		Hours Min.
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13. FATHEI		T & RZ	mm	ELMAN		Grace E.		er			
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CATION	PART II. OTHE	ER SIGNIFICANT CON				OT RELATED TO THE TER			EN IN PAR		PERFORMED?
OR CO	ONTRIBUTING !	UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED.	(Enter noture of injury i	n Part I or Par	t II of item 1B.)			
0	ME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While	Not while of work		E OF INJURY (Home, for y, street, office bldg., e		or fown)	(County)	(State
						D. O. A. 1 ath accurred at 4.					
220.5	SIGNATURE	brd	14	Recen	i M.		MED. DIRECTOR	STAFF PHYS.			22b. DATE SIGNE
	HYSICIAN'S NAME (Type)	FRED	1.14	ELDRIC	H	22d. ADDRESS	EDER	ICK, I	4D.		
REMO	AL, CREMATION DVAL (Specify) Plal		of 61	23c. NAME OF CEM		CREMATORY	23d. LOCA	TION (City, town, dletown		•	(State)
24. FUNER	al Director's	signature 1 Compan	у, 1	ADDRESS Iiddletov	vm, M	d . 25a. RE	MAY 3		STRAR'S SI		

